Leadership Matters in Dementia Care

Management implementation of best practice in person centred dementia care

“Managers get people to do, leaders get people to want to do.”

James Kouzer

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www.dementiacarematters.com
When You Wish Upon a Star

When you wish upon a star
Makes no difference who you are
Anything your heart desires
Will come to you
If your heart is in your dream
No request is too extreme
When you wish upon a star
As dreamers do
Fate is kind
She brings to these to love
The sweet fulfilment of
Their secret longing
Like a bolt out of the blue
Fate steps in and see you through
When you wish upon a star
Your dreams come true.

Pinocchio Soundtrack Lyrics
Artist: Cliff Edwards Lyrics.
Leadership Matters in Dementia Care

Programme

Day one:
Leading self: leading self as a person centred leader

Day two:
Leading messages: leading through clear messages that stick

Day three:
Leading actions: leading seen, felt and heard actions

Days four and five:
Learning from each other as leaders
Leadership Matters in Dementia Care

Key Learning Messages:

- Person centred dementia care starts with self.
- Becoming a new culture leader means creating a feeling based culture.
- Examining the real meaning of being person centred in yourself as leader and towards staff teams is central.
- Achieving person centred care is complex but the messages are simple.
- Knowing what person centred dementia care looks, sounds and feels like is key.
- Adopting five simple messages is a way to promote the overall approach.
- Training needs to apply person centred ideas towards the staff first.
- Kitwood’s principles can be turned into measurable standards.
- Achieving person centred care requires a clear set of building blocks, practice steps, progress points and outcome measurement.
- Your own leadership style will influence how successful implementation is.
• Person centred care needs leaders to develop activist, reflector, theorist and pragmatist skills.

• Understanding the impact of emotional labour on workforce development is critical.

• Identifying belief systems, creating well formed outcomes, learning how to model excellence as a leader in dementia care and creating a team of service drivers in dementia care delivers results.
Workshop Information Sheet

Vision, Direction, Energy

Working alongside people living with a dementia is now seen as a positive, focused, complex and fulfilling area of care practice. Making person centred care a reality can be challenging.

Organisations are now realising that the days of care staff going on workshops in dementia care without a clear Management approach on implementation is not the way to change cultures.

Managers, Team leaders and Senior Care staff need to be energised and to have space to consider how to merge best practice in person centred dementia care with the best leadership approaches in order to model excellence in dementia care with their colleagues and staff teams.

This new visionary Leadership Programme has been developed for Managers, Team Leaders and Senior Care staff to have the opportunity to consider the real meaning of person centred care for themselves, their staff team, their Organisation and therefore essentially for people living with a dementia, their families and carers.

This workshop is held in two parts:

**Part one** comprises of a 3 day workshop

**Part two** comprises of a 2 day workshop

Between Part one and Part two of the workshop participants will need to choose a small scale project to work on back in their workplace to try out some of the approaches from part one of the course and to return to the second part of the course with a summary presentation of their project.
Leadership Matters in Dementia Care

Context of workshop

Background
The movement towards providing people experiencing a dementia in care settings with a person centred approach is 20 years old.

Its implementation is generally slow in the UK, patchy across services and training in these approaches is often too focused on general awareness raising rather than evidencing direct implementation.

Many individual staff with various roles in organisations are passionate in their belief in person centred care and committed to its delivery but struggle to implement the relatively simple ideas in complex organisations.

This workshop focuses managers and staff on a particular leadership approach in dementia care.

Underpinning beliefs
This workshop is developed from a strong evidence base that those who fully achieve successful implementation of a person centred model of care do so because of a natural ability to merge the beliefs in being person centred with themselves as a whole person.

Being person centred as an individual emphasises that “feelings matter most” in life. Someone who is continually working towards being person centred realises this is not something they come to work to do but something they are striving to achieve in their daily relationships with everyone they come into contact with whether personally or professionally.

This commitment to a particular life philosophy involves focusing on Professor Tom Kitwoods principles and applying these within one’s own life:

- Emphasising the importance of life history and biography
- Establishing from where a persons sense of security and belonging comes
- Realising that having inner comfort in life is important
- Grasping that a sense of attachment is a strong human need
- Knowing what works in being reached as an individual
Starting with self

This workshop emphasises that leadership in dementia care:
- starts with self
- requires a strong level of openness
- involves merging the personal and professional selves into one
- needs a commitment to being real at work

The workshop outlines that being person centred is all about “Getting It” and that Getting It is realising person centred care is not something we do but something we are. The workshop provides an opportunity for people to explore these ideas in themselves. It focuses on a leadership model which is about shifting the emphasis away from delivering person centred ‘tools’, ‘approaches’ and ‘methods’ to people experiencing a dementia and that real success comes when leaders grasp that being person centred begins with oneself, ones approach to relationships and to developing a staff team who develop their skills in being person centred with one another first as a staff team before even beginning to try to implement the ideas in person centred care with people experiencing a dementia.

Workshop methodology

The methodology used for participants to explore these ideas in the workshop involves:
- comparing models of dementia care
- recognising how far progress has been made
- identifying blocks to achievement
- measuring oneself
- applying Kitwoods ideas to oneself
- grasping how life history defines each of us
- realising how emotional memory works
- seeing the parallels in trying to be person centred in oneself the difficulties in its implementation in services
- selecting a project to work on
- feeding back progress on the project
- knowing what person centred dementia care looks, sounds and feels like

Your participation

Participation in this workshop is therefore potentially emotional, challenging, life changing and demanding.

The level of participation of each particular participant is down to them and there is no requirement to share anything of oneself that a person would not wish to or would feel
uncomfortable with. The participant themselves is in control of their own participation. Obviously the amount of limitation they place on this will limit how far their learning can develop.

**Style of trainers**

The style of delivery by the trainers is passionate, emotionally challenging and at times deep. How participants respond to the material and the trainers will depend on many factors. Those who gain the most from the course are people who are self aware, wear their heart on their sleeve, have merged the personal and professional and are people who are open, real at work and prepared to be an ‘open book’.

**Action points**
The key action points from this workshop are:

**Essential**
- Implementing the 50 point checklist.
- Working on the 8 outlined projects.
- Achieving 6 immediate ‘wins’ on the checklist.

**Desirable**
- Undertaking a 2000 word University assignment marked by Dementia Care Matters.
- Looking at how to transfer the learning about self to enabling a staff team to explore these concepts with each other.

The workshop believes that those staff who can commit to the essential action points have still the potential to be effective in delivering leadership on person centred dementia care. However those who ‘get’ the application of person centred principles to oneself in the desirable action points have a greater likelihood of really grasping and implementing what person centred dementia care looks, sounds and feels like because they realise it begins with self.

**Planning for this workshop**
Potential participants on this workshop should think carefully about their commitment to this workshop, its suitability for them personally and their willingness to explore the ideas. Participants are advised to consider and actively plan for their support needs to be met at work or at home.

**Real change**
A large number of organisations and individuals are committed to this leadership model, its beliefs and effectiveness. It has a strong and sound evidence base behind it and offers you the potential to grow both personally, professionally and to really enhance the lives and experiences of both those living with, those supporting and those working with people with a dementia.
Leadership Matters in Dementia Care

Day One

LEADING SELF AND OTHERS

Theme

The mirror – what do you see?

Insert here - Supporting document section 2.
“Leadership is defined as the art of mobilising others to want to struggle for shared aspiration.”

“Leaders must touch a heart before they touch a hand.”

Ref. Penny Drury / Don Lurdis
The Annual Edna Gates Conference on Dementia Care
Leadership in dementia care is about developing

A compelling **Vision**

A set of ‘new culture’ **Beliefs**

A **Passionate** team

A sign up to person centred principles, practice and outcomes

A range of real Actions which can be – **Seen, Felt** and **Heard**
Five practices of effective leaders in person centred dementia care

1. **Challenge** the care setting
2. **Inspire** a dream of dementia care
3. **Model** and achieve small wins
4. **Empower** staff to try things out
5. **Grow Hearts**, set expectations on every individual and reward stars
Leadership involves being an internal consultant.

“Consulting is primarily a relationship business. Success of the work will hinge on the quality of the relationship we have with our client. This relationship is the conduit through which expertise passes.”

Peter Block 2000
Flawless Consulting
Jossey – Bass / Pfeiffer
Consultancy – The Person is the Product

“We are selling an intangible service. So clients have no way of knowing what they will be getting. They do not know whether they can derive value from what they get. The more direct we are the better human contact we make. The more centred and self aware we are the more likely the client will see us as someone
- who they can lean on
- who delivers on promises
- they can learn from”

Peter Block 2000
CP Universe Newsletter
Being a Consultant

The role of Consultants

**FINDER** - More skilled at selling

**MINDERS** - More skilled at managing

**GRINDERS** - More skilled at delivering

© Calvert Markham The Top Consultant
Being a Consultant

“You are consulting any time you are trying to change or improve a situation but have no direct control over the implementation!

Peter Block 1981
What is consultancy?

- It requires the management of change
- It begins when an organisation needs to improve performance
- It involves a total solution or provision of specialist technical support
- It is provided for an agreed period of time.
- It requires the consultant to not take over control
- It must involve the client being fully committed to the solution
- It enables the client to solve future needs.
- It must leave something behind – improved capability
Being a Consultant

- Senior Management – Consultancy on STRATEGY
  
  THE WHY

- Middle Management – Consultancy on PROCESS
  
  THE WHAT

- Direct Staff - Consultancy on ACTION
  
  THE HOW
<table>
<thead>
<tr>
<th>EXPERT CONSULTANCY</th>
<th>PROCESS CONSULTANCY</th>
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<tbody>
<tr>
<td>Expert knowledge and diagnosis skills</td>
<td>Assumes client has capability</td>
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<tr>
<td>Addresses right problems with right expertise</td>
<td>Provides guidance and advice on ‘how to’</td>
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<tr>
<td>Solves problems in directive manner</td>
<td>Emphasis on client problem solving and owned solutions</td>
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<td>Fast and focused</td>
<td>More time consuming</td>
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<td>Danger of lack of client ownership</td>
<td>Client may not have expertise and time wasted</td>
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<tr>
<td>Risks in developing long term capability of clients</td>
<td>Enhances (when it works) ability to problem solving next time around</td>
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<tr>
<td>Can breed organisational dependency</td>
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<tr>
<td>Can lower morale as client lacking capability</td>
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‘The art of a good consultant is to balance the expert and process continuum.’

© DCM 2012 (adapted from Mark Thomas High Performance Consultancy Skills, 2005)
Internal consultants are:

- **Employed full time** by the organisation.
- **Likely to understand the overall business better** than external consultants.
- **Sometimes more knowledgeable than external consultants.** You should know your business and industry extremely well. You may also have developed an approach or methodology that is ahead of any external consultancy group.
- **Normally part of a specific function** – Information Technology, Training and Development, Finance, Business Development, Internal Audit.
- **Aware of the right language and culture of the organization.** You know how things work and how to get things done.
- **Able to identify with the organization and its ambitions** – as employees you have a big emotional commitment.
- **Liable to being taken for granted** or lacking the credibility of some external consultants.
- **Prone to being too emotionally involved in an organization** – thus perhaps influencing your ability to be truly objective.
- **Required to live with the consequences of their advice** – you are still around long after the external consultants have left.
- **Able to spread their knowledge and experience throughout the organization** – you can enhance your organisation’s overall capability.
- **Required to redefine past organizational relationships** – the move from ‘colleague to client’ requires a period of adjustment.

© Mark Thomas : High Performance Consulting Skills, 2005
### Consultants’ Skills Quiz – Find Out If You Have What It Takes

The following quiz will give you an idea if you are a ‘born’ Consultant

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Partly</th>
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</thead>
<tbody>
<tr>
<td>People come to me all the time for advice</td>
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<td>I receive feedback often that I am a good listener</td>
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<td>I constantly seek out and enjoy interaction with people</td>
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<td>I possess very specialist skills and valuable knowledge</td>
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<td>I ooze credibility and am very believable</td>
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<tr>
<td>I like to get paid for telling others what to do</td>
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<tr>
<td>I am highly motivated, very goal orientated and extremely self disciplined</td>
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<tr>
<td>I can stay incredibly focused on a task project until completion</td>
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<tr>
<td>I know that people sense I believe in myself</td>
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Adapted from [www.yourownconsultancybusiness.com](http://www.yourownconsultancybusiness.com)
Being a Consultant
Satir’s Self-Esteem Tool Kit

1. The Wisdom Box
   The ability to know what’s right and not right for me

2. The Golden Key
   The ability to open up new areas for learning and practice

3. The Courage Stick
   The courage to try new things and to risk failure

4. The Wishing Wand
   The ability to ask for what I want

5. The Detective Hat
   The ability to examine data, reason and respond to real needs

6. The Yes / No Medallion
   The ability to mean what I say

7. The Heart
   The ability and willingness to put my heart into my work

8. The Mirror
   The ability to see myself and to seek and use feedback
9. The Telescope
   The ability to see others and to bring them closer to my understanding

10. The Fish-Eye Lens
    The ability to see the context as we work together

11. The Gyroscope
    The ability to be balanced, use all tools and be congruent

12. The Egg
    The ability to grow, develop and learn

13. The Carabiner
    The ability to ensure my safety and to not take unnecessary risks

14. The Feather
    The ability to not take things too seriously

15. The Hourglass
    The ability to make time for the good use of time

16. The Oxygen Mask
    The ability to breathe, taking care of myself before helping others

*Virginia Satir, Family Therapist and Gerald M Weinberg, ‘The Secrets of Consulting’*
## Being a Consultant Self Assessment

Rate yourself on the abilities below using the handout ‘Satir’s Self Esteem Tool Kit’ as an explanation for the terms.

<table>
<thead>
<tr>
<th></th>
<th>Rating</th>
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<tbody>
<tr>
<td>1</td>
<td>The Wisdom Box</td>
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<tr>
<td>2</td>
<td>The Golden Key</td>
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<tr>
<td>3</td>
<td>The Courage Stick</td>
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<td>4</td>
<td>The Wishing Wand</td>
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<td>5</td>
<td>The Detective Hat</td>
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<td>6</td>
<td>The Yes / No Medallion</td>
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<td>7</td>
<td>The Heart</td>
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<td>8</td>
<td>The Mirror</td>
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<td>9</td>
<td>The Telescope</td>
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<td>10</td>
<td>The Fish-Eye Lens</td>
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<td>The Gyroscope</td>
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<td>The Carabiner</td>
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<td>15</td>
<td>The Hourglass</td>
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<td>16</td>
<td>The Oxygen Mask</td>
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*Virginia Satir / Gerald M Weinberg*
Appraising Myself as a Consultant

Guidelines

- Review the following list of client management skills and behaviours and identify your current performance as a consultant.

- There may be some activities not listed that you feel are important, record these in the spaces provided.

- Having completed the checklist, focus on the critical consulting skills and behaviours that you think you need to develop further.

<table>
<thead>
<tr>
<th>General approach to consulting and client management</th>
<th>I am doing OK</th>
<th>I need to do more</th>
<th>I need to do less</th>
</tr>
</thead>
<tbody>
<tr>
<td>Possessing a strong knowledge base of expertise – constantly updating my knowledge and skill base</td>
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<tr>
<td>Feeling comfortable with my experience and professional background</td>
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<tr>
<td>Thinking business first and functional specialist second</td>
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<tr>
<td>Thinking before I respond to clients</td>
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<tr>
<td>Being comfortable when working with senior management and other authority figures</td>
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<tr>
<td>Accepting my client’s definition of the problem</td>
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<tr>
<td>Challenging my client’s views, opinions and definition of the problem</td>
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<tr>
<td>Presenting and selling my ideas effectively</td>
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<tr>
<td>Working confidently under time pressures</td>
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<tr>
<td>Promising only what I know I can deliver</td>
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### General approach to consulting and client management

<table>
<thead>
<tr>
<th>Skill</th>
<th>I am doing OK</th>
<th>I need to do more</th>
<th>I need to do less</th>
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<tbody>
<tr>
<td>Enabling clients to use their own strengths and resources</td>
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<td>Helping clients generate solutions to their problems</td>
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<td>Being comfortable with saying ‘goodbye’ to a client at the end of a</td>
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<td>project</td>
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<tr>
<td>Being comfortable with my client taking all the credit for any success</td>
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<td>Being comfortable with clients reviewing my work</td>
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<tr>
<td>Setting realistic goals for myself and my client</td>
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<tr>
<td>Using effective project management tools and techniques</td>
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### General Client Management Skills

<table>
<thead>
<tr>
<th>Skill</th>
<th>I am doing OK</th>
<th>I need to do more</th>
<th>I need to do less</th>
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<tbody>
<tr>
<td>Actively listening to clients</td>
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<td>Encouraging clients to talk and share their views and thoughts</td>
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<td>Building an atmosphere of openness and trust</td>
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<td>Asking direct and probing questions</td>
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<td>Being brief and concise when speaking</td>
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<td>Stating client problems and objectives clearly</td>
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<td>Developing clearly agreed terms of reference</td>
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<td>Helping clients to own their problems</td>
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<tr>
<td>Helping clients maintain a logical approach to solving problems and</td>
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<td>projects</td>
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<tr>
<td>Challenging my own and the client’s assumptions</td>
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<tr>
<td>Utilising other clients’ solutions to solve problems</td>
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<td>Critically evaluating any proposed solutions</td>
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<td>Challenging ineffective solutions</td>
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<tr>
<td>Using creative problem solving techniques</td>
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<tr>
<td>Reading and interpreting client, group and team dynamics accurately</td>
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### General Client Management Skills

<table>
<thead>
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<th></th>
<th>I am doing OK</th>
<th>I need to do more</th>
<th>I need to do less</th>
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<tbody>
<tr>
<td>Appreciating the impact of my behaviour on clients</td>
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<td>Being aware of my need to compete with others</td>
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<td>Dealing with conflict with colleagues and clients</td>
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<td>Working with people I do not personally like</td>
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<td>Giving into strong client demands – restrictions and limitations</td>
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<td>Being detail focused</td>
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<td>Taking full control and responsibility for projects</td>
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<td>Being flexible when problems and new situations emerge</td>
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<td>Building team spirit in my consulting and any joint consulting /client teams</td>
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<td>Obtaining real feedback on my client presentations</td>
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<td>Controlling my stress when working on challenging projects</td>
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<tr>
<td>Intervening with clients at appropriate times</td>
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<td>Intervening with clients without threatening or intimidating them</td>
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<tr>
<td>Always expecting clients to use my solutions</td>
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<tr>
<td>Acknowledging failure(s) openly and constructively</td>
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<tr>
<td>Recognising my prejudices and biases</td>
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<td>Recognising my own defensiveness</td>
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<tr>
<td>Attributing failure to the client’s ‘resistance’</td>
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<tr>
<td>Admitting any errors and mistakes on my part</td>
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<tr>
<td>Summarising, on a regular basis, client discussions and agreements</td>
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<tr>
<td>Taking notes, ‘writing up’ what has been agreed, communicating to the client</td>
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<td>Developing and arranging clear ‘next steps’ and appropriate follow-up actions on projects</td>
<td></td>
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<tr>
<td>Using strong project control and evaluation techniques</td>
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</tbody>
</table>
What are the critical consulting skills that you want to develop further?
List them below.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

→ How are you going to ensure that you will develop these skills?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

→ What specific actions do you plan to take?
________________________________________________________________________
________________________________________________________________________

→ Write down some actions now!
1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________
5. _______________________________________________________________________
6. _______________________________________________________________________

Person Centred Leadership Skills
for connecting with others

12 Key ingredients

1. Possessing natural, instinctive skills
2. Building rapport
3. Connecting with emotional memories in each other
4. Linking personal experiences of feelings to reach others
5. Reaching out and pacing
6. Active listening
7. Searching for inner meaning
8. Validating feelings
9. Matching and being congruent
10. Focusing on quality of response not words
11. Seeing communication as inclusive of relationships
12. Seeing, hearing and feeling someone’s feedback
Dementia Standards and Yourself

Think about yourself and your life and then complete the questions below:

1. **Biography** - what are the most important things in your past life that have affected you?

2. **Identity** - what makes you who you are now?

3. **Autonomy and Agency** - in what ways are you in control of your life now?
4. **Communication and Interaction** - what works best with others in getting through to you?

5. **Comfort** - where/from who/what gives you comfort in your life at the moment?

6. **Attachment** - at the moment to who/to what are you attached - what makes you feel attached?

7. **Inclusion and Occupation** - what makes you feel busy, occupied and included - what makes it meaningful?
**Appraisal Form ‘Being person centred’**

Name  

Work role  

Date  

Appraisal completed by  

Discuss together the meaning of each key element below. Both people should each come up with their own rating and discuss the reasons why the particular rating was given:

0 = not in evidence, 3 = not acceptable standard, 5 = average performance, 7 = required standard, 10 = exceptional.

The appraiser’s final rating should then be given in the final column and a date set for a review, along with discussions in how the staff member could improve their rating and what learning opportunities will be offered to assist this.

<table>
<thead>
<tr>
<th>Being person centred</th>
<th>Self rating</th>
<th>Appraiser's rating</th>
<th>Final rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Self – being open, being oneself at work, being self aware and work appearing congruent with who you are.</td>
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<tr>
<td>2. Feelings – being emotionally warm and offering closeness with people with a dementia.</td>
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<tr>
<td>3. Together – being a friend to people with a dementia, not maintaining any separateness or emphasising ‘us and them’.</td>
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<tr>
<td></td>
<td><strong>Inspiring</strong> – being positive and passionate about this work, demonstrating in daily work what matters most in life to people.</td>
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<td>-------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>5.</td>
<td><strong>Nurturing</strong> – being able to provide comfort, security and belonging whenever possible.</td>
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<tr>
<td>6.</td>
<td><strong>Respectful</strong> – being interested and knowing value of people’s life history and acting on this.</td>
<td></td>
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<tr>
<td>7.</td>
<td><strong>Accepting</strong> – being positive about people’s reality and accepting people as they are knowing how to interpret words and actions as feelings.</td>
<td></td>
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<tr>
<td>8.</td>
<td><strong>Flexible</strong> – being focused on individual people and not routines.</td>
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<tr>
<td>9.</td>
<td><strong>Spontaneous</strong> – being able to connect with and occupy people in a meaningful way.</td>
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<tr>
<td>10.</td>
<td><strong>Enabling</strong> – being aware of how to enhance well being and not create ill being.</td>
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<tr>
<td>11.</td>
<td><strong>Supportive</strong> – being supportive of people’s emotions at work and feeling free to express own emotions.</td>
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<tr>
<td>12.</td>
<td><strong>Growing</strong> – being open to learning opportunities and reflective on oneself and one’s skills.</td>
<td></td>
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</tr>
</tbody>
</table>
Leadership Skills in Person Centred Dementia Care Matters.

Appraising Leaders/Managers in Dementia Care

Name

Work role

Date

Appraisal completed by

Discuss together the meaning of each key element below. Both people should each come up with their own rating and discuss the reasons why the particular rating was given. Using a scale of 0 – 10 as follows:

0 = not in evidence, 3 = not acceptable standard, 5 = average performance, 7 = required standard, 10 = exceptional.

The appraiser’s final rating should then be given in the final column and a date set for a review, along with discussions in how the staff member could improve their rating and what learning opportunities will be offered to assist this.

<table>
<thead>
<tr>
<th>LEADING FROM THE HEART</th>
<th>Self rating</th>
<th>Appraiser’s rating</th>
<th>Final rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Passion – To what degree are you able to (does the person) display a passion for leading dementia care.</td>
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<tr>
<td>2. Inspiring – To what degree are you able to (does the person) inspire staff, families and people living with a dementia with your vision of what dementia care should look, sound and feel like.</td>
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<tr>
<td></td>
<td>Self rating</td>
<td>Appraiser's rating</td>
<td>Final rating</td>
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<tr>
<td>3.</td>
<td><strong>Spirit</strong> – To what degree are you able to (does the person) demonstrate that leading dementia care fits with who you are – the spirit inside yourself.</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td><strong>Joined</strong> – To what degree are you able to (does the person) show that how you lead is joined up ie who you are as a person and what you do – the personal and the professional are joined up together.</td>
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<tr>
<td>5.</td>
<td><strong>Nurturing</strong> – To what degree do you (does the person) have a capacity for personal warmth and nurturing a team.</td>
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<td></td>
<td><strong>LEADING WITH THE HEAD</strong></td>
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<tr>
<td>6.</td>
<td><strong>Truth</strong> – To what degree have you (has the person) as a leader accepted the truth, the lived experience of people living with and working with dementia.</td>
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<tr>
<td>7.</td>
<td><strong>Knowledge</strong> – To what degree do you (does the person) evidence your knowledge is up to date in dementia care.</td>
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<tr>
<td>8.</td>
<td><strong>Strategy</strong> – To what degree do you (does the person) show to others that you have a clear strategy, a joined up set of pieces, in how to improve dementia care.</td>
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<tr>
<td>9.</td>
<td><strong>Reflection</strong> – To what degree do you (does the person) regularly engage in reflecting on the quality of life of people within your service, on what matters most and initiating constant improvements.</td>
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<td></td>
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<tr>
<td></td>
<td>Self rating</td>
<td>Appraiser’s rating</td>
<td>Final rating</td>
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<tr>
<td>10.</td>
<td><strong>Learning</strong> – To what degree do you (does the person) seek your own and team members continuous personal development and learning in person centred dementia care.</td>
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<tr>
<td>11.</td>
<td><strong>Drive</strong> – To what degree do you have (has the person) high levels of energy and a desire to drive yourself and their team to achieve best practice.</td>
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<tr>
<td>12.</td>
<td><strong>Outcomes</strong> – To what degree are you (is the person) not run by policies, procedures and systems but know how to use these not as an end result but to achieve quality of life outcomes.</td>
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<td>13.</td>
<td><strong>Team Builder</strong> – To what degree are you (is the person) able to build a person centred staff team.</td>
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<tr>
<td>14.</td>
<td><strong>Coach</strong> – To what degree are you (is the person) able to mentor, coach and show staff directly best practice in person centred care demonstrating your own skills in how to support and care for people living with a dementia.</td>
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<tr>
<td>15.</td>
<td><strong>Action</strong> – To what degree do you (does the person) remain action focused and delivers measurable improvements in quality of life and quality of service.</td>
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</tbody>
</table>
Logical Levels

Consider the following sentence:

“I can't do that here”

Now go through the sentence repeatedly, but on each occasion place the stress on a different word.

What happens to the meaning each time you stress a different word?

These different meanings can be separated out into at least five logical levels which form a kind of hierarchy:

1. **Identity - who I am** | **Who?**
2. **Beliefs and values** | **Why?**
3. **Capability** | **How?**
4. **Behaviour - what I want** | **What?**
5. **Environment** | **Where/When?**

When we listen to the things other people say about themselves it is often possible to identify where they are coming from in relation to the above logical levels. Using the hierarchy can help determine the following:
- Where is there mis-alignment or incongruence?
- Where are the leverage points?
- Where will a small shift/change produce a large difference?
Identity

It’s helpful to distinguish between behaviour and identity. When you ask someone “What do you do?” and they answer “I am.....,” they are making identity equivalent to behaviour. When this occurs it’s interesting to ask the question “Who are you when you stop doing what you do?” (say, change jobs or retire)

Uses of the logical levels

1. **Job descriptions** - try to include all the logical levels in your own job description and those of others

2. **Project Design** - pay attention to what you want your project to achieve on all logical levels to ensure that everything has been covered.

3. **Improve rapport** - check your own preferences and those of others and use the appropriate logical level of language to increase the effectiveness of your interaction.

4. **Helping to make changes** - use the logical levels as a diagnostic tool with others so that you know the appropriate level to intervene.

5. **Structuring and organising information** - person centred care can generate large amounts of content which at times can be overwhelming - try structuring large amounts of information using the logical levels.

6. **Dealing with Confusion** – at which logical level are you or another person confused? Work with the confusion at that level.
Leadership Matters in Dementia Care

Day Two

LEADING WITH CLEAR MESSAGES THAT STICK.

Theme

The jam – what are your lumps?
Being a Leader

THE LAW OF STRAWBERRY JAM

- The wider you spread the message the thinner it gets.

- As long as your message has lumps you can never spread it too thin.

- What lumps are to strawberry jam you are to your Great Message.

- By eliminating lumpy people you get uniform, but thin, quality.
Being a dementia care leader/consultant

Models – What model are you working to?

Mirrors – What’s in the mirror that others want?

Magic – What evidence have you that you can create magic?
Evidence - Which Model are you?

Model 1
The Clinical Service: a traditional old culture organisation.

Features

- Philosophy of care based on science, function, rationality and bodies.
- Detached professionalism
- Lack of person centred beliefs
- No qualitative observation of service.
- Task based care.
- Suppression of Emotions at Work.

This is an emotion-less organisation promoting clinical services with a powerful and controlling defence mechanism of limiting the emotional impact throughout the service.

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Evidence - Which Model are you?

Model 2
The Confused Service: an adapted old culture organisation

Features

- Philosophy based on hierarchy of needs from physical to spiritual.
- Detached professionalism
- Person centred beliefs
- No qualitative observation of service.
- Task based care.
- Suppression of Emotions at Work.

This is a confused service with no effective defence mechanism of limiting the emotional impact throughout the service. The service exposes staff to new beliefs in person centred care without effective means of implementation as the service is still task based and run on an old culture of professionalism leading to elements of staff stress, disillusionment, ill being and burn out.
Evidence - Which Model are you?

Model 3
The Creative Service: a muddled new culture organisation

Features

- Philosophy of care based on feelings and emotions
- Attached professionalism
- Person centred beliefs
- Confused task based care.
- Qualitative observation of service.
- Expression of Emotions at Work but no strategy.
- Dementia care awareness training.

This is a creative service which has many new culture beliefs and approaches in place but these are mixed in with old culture actions. The service is likely to have no clarity that lack of effective training and lack of applying person centred approach to staff teams is defeating its intended purpose. This leaves staff exposed with no defence mechanism to handle the lack of congruence in the service between the service’s intentions and its muddled daily approach.
Evidence - Which Model are you?

Model 4

Features

- Philosophy of care based on feelings and emotions
- Implementation of staff well being tool
- Attached professionalism
- Person centred beliefs
- Qualitative observation of service
- Service run by individuals for individuals – free flowing
- Dementia care training which is focused on self-awareness and action
- Evidence of an Emotions at Work framework

This is an emotion-led organisation providing congruent services with its beliefs, training, and action compatible to people living and working together. It is effective in promoting and valuing emotions at work and supports these in formal and informal means on a regular basis.
LEADERSHIP BELIEFS - APPRAISING MY VALUES

Please read the sentences below and respond quickly with your gut reaction either ticking yes or no or partly.

<table>
<thead>
<tr>
<th>Leadership Belief</th>
<th>Yes</th>
<th>No</th>
<th>Partly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I believe it is important for staff to have physical and emotional boundaries to their work</td>
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<tr>
<td>2. I believe that at work feelings more than actions matter most</td>
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<td>3. I believe that it is necessary to protect clients at times from themselves</td>
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<td>4. I believe that my training and professional experience has given me a high level of expertise</td>
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<td>5. I believe that the best forms of care have clear policies and procedures behind them</td>
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<td>6. I can name three books/training courses/conferences in the last year that have changed my practice</td>
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<tr>
<td>7. I expect and encourage staff to constantly challenge the way we provide our service</td>
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<tr>
<td>8. I ensure I spend a part of each day working directly 'on the floor' with people who live in our home</td>
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<tr>
<td>9. I believe it is important to keep some divide of my personal life from my professional life at work</td>
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<td>10. I feel at work it is important to get on with things rather than ruminating</td>
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<tr>
<td>11.</td>
<td>I feel that my role is to keep monitoring all work jobs are done to ensure smooth running of a service</td>
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<tr>
<td>12.</td>
<td>I find it useful to have uniforms and badges so that staff can be identifiable to everyone</td>
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<tr>
<td>13.</td>
<td>I find it useful to use my authority at work in order to get things done</td>
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<tr>
<td>14.</td>
<td>I find my work creates deep emotional reactions in me which I express to staff easily</td>
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<tr>
<td>15.</td>
<td>I find some ideas in Person centred care are unrealistic</td>
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<tr>
<td>16.</td>
<td>I find that thorough systems do not deliver thorough Person centred care</td>
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<tr>
<td>17.</td>
<td>I find the status I have at work helps me to feel in control</td>
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<tr>
<td>18.</td>
<td>I have found as a manager a way to merge the best ideas in my profession with the best ideas in Person centred care</td>
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<tr>
<td>19.</td>
<td>I find my role in assisting diagnosis and treatment of people is a critical part of my professional identity</td>
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<tr>
<td>20.</td>
<td>I have removed all physical areas or items that separate people ie no staff toilets, no staff eating separately from clients, no uniforms etc</td>
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<tr>
<td>21.</td>
<td>I find it is important to ensure that as a manager I can deliver results</td>
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<tr>
<td>22.</td>
<td>I have requested and received from my organisation the right amount of emotional support to enable me to function as a manager</td>
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</tbody>
</table>
23. I agree with families that sexual behaviour by vulnerable adults should be controlled

24. I need support to work through the emotions which this work creates in me

25. I rate and take notice of people by their type of qualifications

26. I regularly look at individual staffs emotional needs and the team's emotional needs and provide or ensure training and support is provided specifically to staff on this

27. I regularly review every aspect of the minute by minute experience of clients in our care to collate qualitative data

28. I see my role is to constantly challenge the organisation

29. I understand that medical professionals have the most knowledge to contribute in the caring professions

30. I share most of my feelings ie happiness, sadness, emotional pain, joy, pleasure openly at work

31. I share most things about myself personally at work

32. I spend significant periods of each month learning about best leading edge practice in my field

33. I spend significant time modelling with staff feeling-based approaches with them

34. I believe it is necessary to be seen to do what families want
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>35.</td>
<td>I believe it is my role to promote the rights of people even if this causes conflict with families</td>
</tr>
<tr>
<td>36.</td>
<td>I expect staff to complete all routine jobs on a shift</td>
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<tr>
<td>37.</td>
<td>I spend significant time with individual clients who live in our service</td>
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<tr>
<td>38.</td>
<td>I trust my staffs gut reactions on things and go with these as a Manager</td>
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<tr>
<td>39.</td>
<td>I find risk assessments help me to justify my care practices</td>
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<tr>
<td>40.</td>
<td>I find professionally qualified staff are the most professional workers</td>
</tr>
</tbody>
</table>
A COMPELLING VISION - OUR 3 LEADERSHIP VISION STATEMENTS

We believe the best person-centred dementia care in our service will LOOK LIKE/SOUND LIKE/FEEL LIKE somewhere where:-
Leading on dementia care

Promoting five simple dementia care practice messages:

1. People with dementia are more feeling beings than thinking beings
2. Believe and support a person’s reality
3. Everything a person living with a dementia says or does is total sense
4. Search for the feelings and meaning behind words and actions.
5. Provide a role, comfort, security, belonging and occupy with everyday things
YOUR RESPONSE TO DAYS OF CHANGE

<table>
<thead>
<tr>
<th>KEY IDEA</th>
<th>WHAT I THINK OF THIS IDEA</th>
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<tbody>
<tr>
<td>Change is the norm not the exception.</td>
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<tr>
<td>Even desirable changes can cause stress.</td>
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<tr>
<td>Humans have contradictory desires – we want both stability and novelty.</td>
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<tr>
<td>Change at work feels more scary than change in other areas of our lives.</td>
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<tr>
<td>There are two basic approaches to change – reactive and proactive</td>
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<tr>
<td>Resistance to change stems mainly from our feelings of insecurity.</td>
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<tr>
<td>To cope with change we need to understand our own thoughts and feelings when confronted by it.</td>
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<tr>
<td>In coming to terms with change we go through a series of stages, most commonly: negation, self-justification, exploration and resolution.</td>
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<tr>
<td>It is reasonable to be unreasonable about change in the early stages.</td>
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<tr>
<td>It is possible to thrive on change.</td>
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<tr>
<td>Other key ideas</td>
<td></td>
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</tbody>
</table>
### Success Factors in Managing Change

<table>
<thead>
<tr>
<th>Success Factors</th>
<th>Non-existent</th>
<th>Weak</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
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</thead>
<tbody>
<tr>
<td>Common vision</td>
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<td>Unified management</td>
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<td>Surfacing of concerns</td>
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<td>Content management (The Plan)</td>
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<td>Process management (The How)</td>
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<td>Realistic timescales and resources</td>
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<td>Regular and open communications</td>
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<tr>
<td>Systems support the change</td>
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<tr>
<td>‘Reward’ to support change</td>
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<tr>
<td>Commitments honoured</td>
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<tr>
<td>Right people in key roles</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Involvement of those affected</td>
<td></td>
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<tr>
<td>Supportive leadership</td>
<td></td>
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<tr>
<td>Measurement</td>
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<tr>
<td>Effective project management</td>
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Leadership Matters in Dementia Care

Day Three

LEADING SEEN, FELT AND HEARD ACTIONS

Theme

The magic – what is the picture you want to emerge?
The Magician – The Leader/The Consultant

“Belief in magic did not disappear when our ancestors stopped painting themselves blue. The more difficult the problems we face the more we yearn for the outsider with the magic wand. Corporate leaders have come to rely on the latter-day counterpart of the Magician: the leader/the consultant.”

John J. Tarrant Drucker
The man Who Invented the Corporate Society.
Clarke’s Third Law

“Any sufficiently advanced technology is indistinguishable from magic.”

Arthur C. Clark
Science fiction writer
Profiles of the \ Future:
An inquiry into the limits of the Possible
Harper Collins 1973
THE MAGIC DOUBLE BIND

‘I’m reluctant to change anything no matter how small for fear that the magic will flee I feel trapped between the fear of losing the magic by failing to change’

Gerald M Weinberg
More Securest of |Consulting
Dorset House (2002)
Leadership Matters in Dementia Care

LEADING SEEN, FELT AND HEARD ACTIONS

Person centred principles: Building Blocks.

Practice steps: 50 point checklist tool

Progress points: Signals tool

Outcome Measurement: MOM tool
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8 Projects that make a difference

1. Creating a Leadership team
2. Adopting person centred recruitment
3. Focusing on training about self
4. Undertaking a qualitative observation
5. Measuring well being & ill being
6. Grouping people through matching
7. Turning mealtimes into an experience
8. Widening the range of meaningful occupation.

Choose one of these 8 projects to work on before part 2 of the course.
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Project Briefing Sheet
Making a Difference

The Aim
By yourself or in a pair please decide on how, as a result of being on this course, you are going to make a difference for the people living with a dementia who you support.

The Task
You and your partner need to discuss how you are going to make a difference in your place of work to improve the quality of support for people living with a dementia. You and your partner should choose one of the 8 projects and plan how you will lead staff in your work setting to achieve winnable goals on this project.

Your Leadership Challenge
To return to the workplace to inspire and empower the staff team to make a difference in dementia care by focusing on your chosen project. Your role as a leader will be to empower staff to want to make a difference in the lives of people with a dementia.
To report back in the second part of this workshop on the results from your chosen project. You will need to create a 20-30 minute poster presentation outlining how far as a leader on a person-centred dementia care project you were able to inspire change. Your presentation should critically analyse this using the leadership material in the resource folder. Your poster presentation should follow the format of the handout entitled “The Conditions for Well-formed Outcomes.”

**Things to Consider**

- What is the goal / idea. i.e. what are you going to do differently or change as a result of the course?
- Why we had this goal?
- What are you to do and who is going to be involved?
- What do you expect to happen?
- What changes might you see in the person living with a dementia, their families, staff or in the home?
- How might you/ others feel as a result of this change?
- What are some of the things you might expect to hear? i.e. things others might say as a result of change.
- How are you going to measure these changes?
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Project 1: Creating a Leadership Team

Your Leadership Challenge:

1. To use the material in this manual – particularly from the Introduction and Day One and Two, and other materials you can find linked to this area, to create a project which you will work on to create a passionate leadership team driven to change cultures with your “leader/manager” colleagues back in your chosen work setting. The project will need you to lead staff on achieving winnable goals.

2. To return to the workplace to:
   inspire
   model
   empower the staff team to:
   grow hearts
   set expectations
   reward stars

   using this leadership material.

3. To report back on your results in terms of well formed outcomes (see handout) and create a 20 to 30 minute poster presentation outlining how far your:
   wishes
   dreams
   stars
   wings

   were realised analysing this from a new culture leader perspective.
Leadership Matters in Dementia Care

Project 2: Recruitment

Your Leadership Challenge:

1. To use the material in this manual – particularly from the Recruitment Staff Indicators handout and general material in the Manual on staff qualities to create a project which you will work on with your “leader/manager” colleagues. The project will improve your recruitment process i.e create new ways to advertise, new advert styles, seek different qualities – reach out to attract different people and will create a ‘new culture’ interviewing process which focuses on key ‘new culture’ ingredients in staff specifications. The project will need you to lead staff on achieving winnable goals.

2. To return to the workplace to:
   - inspire
   - model
   - empower ....................... the staff team to:
   - grow hearts
   - set expectations
   - reward stars....................... using this leadership material.

3. To report back on your results in terms of well formed outcomes (see handout) and create a 20 to 30 minute poster presentation outlining how far your:
   - wishes
   - dreams
   - stars
   - wings

   were realised analysing this from a new culture leader perspective.
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Project 3: Training

Your Leadership Challenge:

1. To use the material in this manual – particularly from the materials in this project and the Conference presentations on Day 1 to create a project which will focus on training staff first on the application of person-centred care principles to each other as the foundation of dementia care training before any other training on dementia care proceeds directly about people with dementia. The project will need you to lead staff on achieving winnable goals.

2. To return to the workplace to:
   - inspire
   - model
   - empower ......................................the staff team to:
   - grow hearts
   - set expectations
   - reward stars ................................using this leadership material.

3. To report back on your results in terms of well formed outcomes (see handout) and create a 20 to 30 minute poster presentation outlining how far your:
   - wishes
   - dreams
   - stars
   - wings

were realised analysing this from a new culture leader perspective.
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Project 4: Qualitative Observation

Your Leadership Challenge:

1. To use the material in this manual – particularly from this project section to create a project which will work on implementing the QUIS material with your staff team. The project will need you to lead staff on achieving winnable goals.

2. To return to the workplace to:
   - inspire
   - model
   - empower the staff team to:
   - grow hearts
   - set expectations
   - reward stars using this qualitative observation material.

3. To report back on your results in terms of well formed outcomes and create a 20 to 30 minute poster presentation outlining how far your:
   - wishes
   - dreams
   - stars
   - wings

   were realised analysing this from a new culture leader perspective.
Leadership Matters in Dementia Care

Project 5: Well – Being & Ill-Being

Your Leadership Challenge:

1. To use the material in this manual – particularly from this project section to create a project with your colleagues which will focus the whole service on regular and constant evaluation of individuals well-being and ill-being. To create inspirational ways to improve well-being and decrease ill-being in individuals with measurable results. The project will need you to lead staff on achieving winnable goals.

2. To return to the workplace to:
   - inspire
   - model
   - empower .......................... the staff team to:
   - grow hearts
   - set expectations
   - reward stars  ..................... using this well-being and ill-being material.

3. To report back on your results in terms of well formed outcomes (see handout) and create a 20 to 30 minute poster presentation outlining
   - how far your:
   - wishes
   - dreams
   - stars
   - wings

   were realised analysing this from a new culture leader perspective.
Leadership Matters in Dementia Care

Project 6: Matching (in order to limit ill-being)

Your Leadership Challenge:

1. To use the material in this manual – particularly focusing on Naomi Feil’s material on ‘stages’ of experience to re-evaluate the group dynamics:
   - in lounges
   - at mealtimes
   - in living rooms during activities
   - allocation of bedrooms

   in order to consider whether ‘a cocktail’ of people frightened of each other has been created and to put steps in place to match people at a similar point of experience to spend time together protected from fear of others. The project will need you to lead staff on achieving winnable goals.

2. To return to the workplace to:
   - inspire
   - model
   - empower ..................................the staff team to:
   - grow hearts
   - set expectations
   - reward stars ............................using this matching material.

3. To report back on your results in terms of well formed outcomes (see handout) and create a 20 to 30 minute poster presentation outlining
   - how far your:
   - wishes
   - dreams
   - stars
   - wings

   were realised analysing this from a new culture leader perspective.
Leadership Matters in Dementia Care

Project 7: The Mealtime Experience

Your Leadership Challenge:

1. To use the material in this manual – particularly from this project section to assess, evaluate and improve the total mealtime experience working with colleagues to lead them on achieving winnable goals.

2. To return to the workplace to:
   
   * inspire
   * model
   * empower ..................the staff team to:
   * grow hearts
   * set expectations
   * reward stars ..................using this mealtime experience material.

3. To report back on your results in terms of well formed outcomes (see handout) and create a 20 to 30 minute poster presentation outlining
   
   * how far your:
     * wishes
     * dreams
     * stars
     * wings

   were realised analysing this from a new culture leader perspective.
Leadership Matters in Dementia Care

Project 8: Meaningful Occupation

Your Leadership Challenge:

1. To use the material in this manual – particularly from this project section and other materials you can find to create a project which will radically alter the approach to meaningful occupation. To use the ‘Filling up a dementia care environment’ and the ‘30 seconds activities’ handouts to increase the quality and quantity of positive social interactions between staff and people in your service. The project will need you to lead staff on achieving winnable goals.

2. To return to the workplace to:
   - inspire
   - model
   - empower ..................the staff team to:
   - grow hearts
   - set expectations
   - reward stars .................using this occupation & activities material.

3. To report back on your results in terms of well formed outcomes (see handout) and create a 20 to 30 minute poster presentation outlining how far your:
   - wishes
   - dreams
   - stars
   - wings

   were realised analysing this from a new culture leader perspective.
Leadership Matters in Dementia Care

Issues to consider

- Real commitment and being real as a leader
- Clear philosophy, values, service principles and dementia specific standards linked to measured outcomes
- Attention to dementia design and setting up daily environments
- Regular qualitative dementia care audits
- Person centred recruitment indicators
- Using a strengths based assessment and care planning tool
- Implementing three levels of dementia care training – self skills and action
- Continuous modelling of person centred care towards staff, families and people living with a dementia

Moving away from ‘Old Culture Management’ to ‘New Culture Leadership’
Circle of Excellence

An exercise to access resources we already have to help us face future challenges.

Steps

1. Lay down the circle on the floor first. Allow the person to put the circle in a place of their choice, and respect that. Say to them, “I want to ask you to lay down a circle. This is a circle of excellence, but I don't want you to step into it yet.”

2. Choose a challenging situation, a time that is coming up in your near future. “Think of something that will be a challenge to you in the future.”

3. Ask the person, “What resources do you need?” use the subjects own labels back to them - their words are auditory ‘anchors’

4. Ask the subject to identify some times when they had those resources by saying to them, “Think of a time when you have had that ..........” find three resources. They can be three different occasions with a similar resource, or three different resources. (Note: if the person feels they have not had these resources ask them to model someone that has.)

5. When the person has identified a resource, indicate the circle on the floor and invite them to: “Step into the circle and relive this experience.” at the same time step into your own circle alongside theirs, so that you are standing beside them. To help them relive the experience, try saying: “See what you see, hear what you hear, and feel what you feel.” (Use a soft tone of voice, and the present tense to keep them associated in the experience.)
6. The subject can self-anchor if they choose.

7. Bring them out of the circle. Ask them to think of another resource, and get them back in the circle. Repeat steps five and six for each resource.

8. Brief the person:
   “Step into the circle and a re-access all of these resources, and in your mind's eye see that future situation and take these resources to where they are needed and notice the difference.”

9. If the person is not yet congruent and still needs another resource, find one and go through steps 5 and 6 again until they are congruent.

10. Future pace:
    “Think of a time in the future when a similar challenge might occur …..”
    “Now imagine that you're in this future situation ….. and see how you will be different with these new resources.”

11. Ask the person to recall the original challenging situation.
    “How does it feel now?”
    If okay, then you're done. If there are any residual negative feelings, ask them what additional resource they need. Have them identify a time when they had this resource, step into the circle, and relive it. Cycle through steps 8 to 11.

Adapted from International Teaching Seminars NLP Practitioner Programme - Ian McDermott 2

Insert here - Supporting documents section 4.
Reading List:


Website:  
www.consultantsconsultant.com.au  
www.yourownconsultingbusiness.com

Reading List:


Websites:  
www.dementiacarematters.com  
www.consultantsconsultant.com.au  
www.yourownconsultingbusiness.com