Personalisation and dementia
A resource for trainers on self-directed support for people living with dementia.
Introduction

This resource has been developed as part of a range of products by the Dementia Choices project team at the Mental Health Foundation and is being shared nationally to encourage and support a better understanding of how people living with dementia may benefit from personalisation. For more information on Dementia Choices please visit: www.mentalhealth.org.uk/dementiachoices

This learning resource was developed to bring people together in a learning space to understand how ‘personalisation and dementia’ fit together. It has a particular focus on self-directed support, which was the focus of the Dementia Choices project, which ran from April 2009 to March 2011. This resource provides trainers with a framework they can customise and templates to be used with staff and volunteers to raise awareness and to improve understanding and local practices concerning the topic of ‘personalisation and dementia.’

This learning has been tested at two pilot locations with the Dementia Choices project work. Here are some of the comments from staff who attended the first two learning events held at Bury Metropolitan Borough Council and London Borough of Redbridge.

‘Informative, well structured, focused.

Today has made me feel more positive about personalisation.’

‘Overall quite a useful awareness raising session – did shift my position and am even more reassured that it is a whole process rather than just about self-directed support / direct payments.’

‘Excellent and thought provoking.’

‘Liked the idea of it being a learning space.’

‘The content was very relevant and appropriate to the need to address these issues on a day to day basis.’

‘Very interesting, could be a whole day.’
Who is this resource for?
This resource is primarily aimed at people with responsibility for training and developing staff and volunteers in their organisation.

It is particularly aimed at training and development for social care practitioners working with people with dementia and their families. This includes staff working for social services departments and other organisations that provide social care. It will also be helpful for training and development for staff working in services such as health, housing, transport, leisure, and education, working directly or indirectly with people living with dementia and their family carers.

We hope that people with either limited or extensive experience of designing and providing training will find the framework useful in their work.

What is in this resource?
This resource contains a framework of information from which an effective collaborative learning space can be designed including:

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How should this resource be used?
The intention behind sharing this resource is that it is used by trainers and facilitators as a starting point or as a framework in thinking about creating staff training or development around personalisation and dementia.

The ethos behind this resource is that ‘knowledge is already in the room’ and so there is little stand up teaching/presentation material here. The promotional template and hand out template intentionally use the words ‘staff learning’ rather than ‘training’ to further highlight this approach. Trainers are strongly encouraged to adapt this material and add their own material and resources to construct an empowering learning experience. The extent to which people living with dementia have access to and benefit from self-directed support varies greatly from area to area. Trainers are advised to be aware of locally determined policies and practices with regards to self-directed support, including for example local adult safeguarding.

This resource outlines a half-day event with a possible follow up half-day event six months later. The timings and details included in the half-day event could easily be made more detailed so that the learning takes place over a full day. Other topics to include in a full day event are suggested for improving this framework.

Personalisation and dementia – half-day staff learning event

[Add your organisational logo here]

[Add details of the date and location of the event here]

Aim of the session
To bring together staff from a variety of different teams to explore and clarify understanding of how dementia and personalisation ‘fit’ together.

Format of the session
The half-day will be participatory and will include films, and small and large group discussions.

Topic areas covered in the session
- Dementia and personalisation – what do we mean?
- Relevant policies and legislation – how did we get here?
- Mental capacity and personalisation – building a framework
- Personalised approaches – how do we do it?
- Self-directed support – what has worked so far?
- Direct payments and mental capacity – what has changed?
- Self-directed support – barriers and potential solutions for people living with dementia
- Case discussion – can we find potential solutions to difficult problems?

Benefits of attending
In addition to being part of an exploratory learning space delegates will have a chance to explore potential solutions for difficult problems that relate to dementia and personalisation.

Learning outcomes
Staff will:
- have a practical understanding of dementia and personalisation and how they fit together
- be able to describe and use the legal and policy context to empower individuals in their work
- be aware of the barriers which exist for people living with dementia and self— support
- have identified potential solutions and ways to overcome these barriers

There will be a second half-day staff learning event in approximately six months’ time to capture further developments, practice dilemmas and learning.

[Add contact details here for bookings]
In this section we detail the resources you will need to run the learning and include potential timings and details for a half-day learning session. The following half-day learning sessions were co-facilitated by staff from the Dementia Choices team at the Mental Health Foundation during the spring and summer of 2010. This could be delivered by one trainer.

The timings are for a half-day in the afternoon but could easily be adapted to be provided in the morning finishing with lunch.

**Resources needed**

- Laptop (with CD and USB connections) and speakers to play film clips
- Overhead projector
- Film 1: Dementia Choices film (available via the Mental Health Foundation)
- Film 2: Personal story film clip – highlighting self-directed support working for someone living with dementia
- Flip chart
- Flip chart pens for 4 groups
- Main room (and ideally other break out space)
- Dementia related reports published by the Mental Health Foundation
- Personalisation resources e.g. Social Care Institute for Excellence (SCIE) publications:
  - Personalisation – a rough guide (2010)
  - At a glance 33 – Personalisation briefing: personalisation and mental capacity (2010)
- Delegates handouts (to be given out at the end) – including action points and feedback forms

**Timings and exercises for the day**

13:30 **Introductions and understanding dementia**
- Questions exercise
- Opinion exercise

14:30 **Personalisation – relevant legislation and policies**
- Legislation and Policy exercise

15:15 **Break**

15:30 **Personalisation: how do we do it**
- Barriers and solutions exercise

16:00 **Case discussion**

16:45 **Round up of day**
- Opinion exercise

17:00 **Close**
Introductions and understanding dementia

Introduce yourself and frame the day – a facilitated day of sharing and learning (we are all learning together). A chance to ask questions and have them answered (by the group). An introduction to learn how dementia and personalisation fit together, the policy and legislative context, and pointers for individual learning after the day.

Tell people there will be a hand out and briefly what is on it, but only give this out towards the end of the day.

Double check people know fire evacuation procedure, toilet locations, timings for the day etc.

Usual ground rules apply regarding turn-taking, equality and confidentiality – including confidentiality for the group as a whole, 1-1 and small group discussions (delegates to check with each other if things shared in a small group can be shared with the larger group).

Explain that there will undoubtedly be things which emerge in the day which cannot be covered – stick a flip chart up entitled ‘points to park’ – as a way of acknowledging and ‘parking’ topics which would have taken time out of the session and lead away from the remit of the day.

Explain your organisation for example:
A little bit about the Mental Health Foundation:
- A national charity carrying out research and development projects
- Providing information for the general public, individuals, carers, practitioners
- Seeks to influence individuals and organisations at a local and national level
- www.mentalhealth.org.uk

Please highlight dementia related products published by the Foundation. For example The milk’s in the oven, Still going strong, Becoming a carer and Banking on good decisions (these four booklets are available for download and in hard copy on request from the Mental Health Foundation).

A little bit about the Dementia Choices project: Dementia Choices was a two-year Mental Health Foundation project that began in April 2009, funded through the Department of Health’s Innovation, Excellence and Service Development Third Sector Investment programme.

The overall aim of Dementia Choices was: ‘To explore, support and promote different forms of self-directed support, including direct payments, individual budgets and personal budgets, for people living with dementia and their carers’

Specifically we aimed to:
1. Explore and promote what people living with dementia might want from the different forms of self-directed support
2. Explore and promote the kind of information on self-directed support people living with dementia, or their family carers, need (particularly if the person may lack mental capacity for some decisions, or wish to make plans in case they lose capacity in the future)
3. Explore and identify the appropriate safeguards to ensure that people living with dementia who lack mental capacity can still safely benefit from self-directed support
4. Enable stakeholders to understand the barriers preventing the take up of the different forms of self-directed support
5. Support and promote the development of different ways of delivering support to overcome these barriers

Questions Exercise (whole group):

Introductions and understanding dementia

Aim: To get each individual delegate to introduce themselves (equality of contribution time), and for the group to get a better understanding of themselves and dementia.

How: Ask each delegate in turn to briefly say:
- Their name and what they do
- One question they have about personalisation and dementia

NB: tell people you will return to these questions towards the end of the day and clarify how many have been answered and how to answer the remainder. For example – the unanswered questions could be addressed in future network or staff meetings.

NB: As the session progresses be mindful of real life examples which feel ‘difficult’ which could be used in the case discussion section later.

After each person has taken a turn ask the main group to take part in an Opinion exercise.

Opinion exercise

This involves participants physically placing themselves on an imaginary opinion scale that stretches across the room. Use walls, windows, doors or other reference points to decide which side of the room is the ‘1 strongly agree’ side and which side is the ‘1 strongly disagree’ side, and mark out the centre point for those who are ‘undecided.’ Once everyone is clear about the imaginary scale ask the delegates to get up and go and stand where their opinion is about the following statement:

‘I feel personalisation will benefit the majority of people living with dementia’

Ask: three people, standing at different points on the scale, to briefly explain why they are standing where they are.

NB: this exercise will give you and everyone else a fun way of gauging how positive the group is about personalisation and dementia. This exercise can be repeated at the end of the day to see if and how opinion has changed.

Film 1 (15 mins): show Dementia Choices film and briefly discuss immediate ‘thoughts and feelings’ prompted by the film.
Verbal Presentation

Developments in legislation and policy often take place at a speed it is hard to keep up with when immersed in finding ways through people’s problems. Yet if we know the relevant legislation and policy really well then we can truly empower people living with dementia. Let us briefly look at the Mental Capacity Act and a new policy guidance document on risk called ‘Nothing Ventured Nothing Gained’ then we will do some group work regarding other legislation and policy.

Legislation

The Mental Capacity Act (MCA) 2005 underpins personalisation!

The Mental Capacity Act is an important piece of legislation in the story of ‘how we got here’. By understanding the principles and processes of the MCA staff can grasp crucial aspects of personalisation. Many local staff, particularly new staff, may not be clear about the details of the MCA.

Ask the group to name the five principles of the MCA, general descriptions are fine.

1. A person must be assumed to have capacity unless it is established that he lacks capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An action done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
5. Before the action is done, or decision is made, regard must be had to whether the purpose for which it is needed can be effectively achieved in a way that is less restrictive of the person’s rights and freedom of action – but it must always be done in the person’s best interests.

Policy

Ask the group who has heard of the following risk guidance: ‘Nothing Ventured Nothing Gained’. This is important best practice guidance published by the Department of Health in November 2010.

For those that have heard of this document what specific or general details can they share with the group?

(If no-one’s heard of it ask the groups to give examples of risk issues when working with people with dementia – especially in relation to personalisation)

This document provides guidance on best practice in assessing, managing, and enabling risk for people with dementia. It is based on evidence and person-centred practice and within the context of other policies such as the National Dementia Strategy and Putting People First.

– It presents a framework for managing risk in a positive and constructive way by enabling and supporting people with dementia.
– It addresses the dual necessities of individual empowerment and promotion of safeguarding.
– It includes practice tips.
– It highlights how ‘safety first’ approaches are dis-empowering for people with dementia and can prevent them from doing things most people take for granted.

This guidance does not replace any existing risk guidance, including risk management processes contained in the Care Programme Approach and the Multi-Agency Public Protection Arrangements.

Trainers are once again reminded to be aware of local adult safeguarding policies and practices as well as up to date national guidance regarding safeguarding.

Legislation and Policy Exercise

(small groups)

Aim: to highlight the importance of our detailed knowledge of legislation and policy, clarifying what is legislation and what is policy.

How: Split the group into 4 groups and ask each group to do the following:

– Divide a sheet of flip chart paper with a line down the middle (top to bottom). On the left hand side put relevant legislation – on the right put relevant policies.

– Groups to provide specific details, for example, full title and year of legislation.

– Give the groups 10 mins maximum to quickly get as many of both down on paper.

– Bring back together as a group and get each group to quickly report back their lists and reflect with the group how they are similar or different.

– Highlight where people have strong areas of knowledge.

– Highlight where people’s knowledge is not as clear, or strong, and needs addressing.

There is a list of legislation and policies and some of the key aspects of these on the delegates’ handouts (see Section 5 below). If the groups do not cover all of these then highlight them and the key details. This session is just a ‘taster’ in terms of each of us taking responsibility to regularly engage with the important detail in our knowledge. It is important that each delegate thinks carefully about where their gaps are and what work they need to do after today by way of reading, research and learning.

1. A person must be assumed to have capacity unless it is established that he lacks capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An action done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
5. Before the action is done, or decision is made, regard must be had to whether the purpose for which it is needed can be effectively achieved in a way that is less restrictive of the person’s rights and freedom of action – but it must always be done in the person’s best interests.
The regulatory change brought in a number of significant changes for a number of different groups of people. Specifically in relation to people with dementia, since November 2009, all local councils can offer or continue to make direct payments to eligible adults even if they lack mental capacity to consent to receive them, providing there is a ‘suitable person’ available to manage it for them. This is also an option for managed personal budgets. The ‘suitable person’ could be a family member or friend, who would receive and manage the payments.

These changes were brought in to benefit a number of people for whom a lack of mental capacity to consent to a direct payment was the barrier stopping them from benefiting from them.

There is Department of Health guidance describing the legislative and policy context of direct payments. It explains how direct payments services should be developed locally, how issues of consent, capacity and ability to manage should be approached and how direct payments should be used. It sets out specific delivery issues, explains where additional support is required and available, and describes the monitoring and review process. It also includes a section on troubleshooting. The guidance can be found at: www.dh.gov.uk//Publicationsandstatistics

The Direct Payments regulations came into force on the 9th November 2009. These regulations not only reinforce the principles of choice and control but the system of direct payments has been extended to include those who lack the capacity to consent to the making of direct payments. The following has been taken from the executive summary of the official Department of Health guidance for the regulations:

“This guidance has been written to reflect the changes introduced by the Mental Capacity Act 2005, the Health and Social Care Act 2008, and the Community Care, Services for Carers and Children’s Services (Direct Payments) (England) Regulations 2009. From 9 November 2009, the broad effect of these changes is to extend the system of direct payments to include people who lack the capacity to consent to the making of direct payments and to remove the exclusions that currently apply to people who are subject to various provisions of mental health legislation. In addition, this guidance aims to reflect the Government’s commitment to support independence, choice and control, as set out in Putting People First: A shared vision and commitment to the transformation of Adult Social Care and Aiming high for disabled children.”
16:00 ‘Case’ discussion

Depending on timings – show Film clip of a personal story – personalisation in action (from the list of online films below) and facilitate discussion about the elements of the story.

If no real life local examples arise for discussion, consider using any of the following personal stories as a basis for a whole group discussion:

Personal stories

Individual examples which highlight self-directed support working from the Dementia Choices project:

**Mrs A**
Mrs A has lived an almost exclusive life with her husband for the last 50 years. Last year her husband died and she is in the later stages of dementia. She is unable to undertake personal care tasks or prepare meals. She has a sister who visited once a week to bathe her and had agency care workers (via Social Services) visiting to make meals every day. Mrs A did not go out of the house or see anyone except her sister and brother in law and her agency care workers.

Mrs A’s greatest fear was going into residential care. She wished to remain in her own home where she had lived all her adult life with her husband.

Mrs A took on a personal budget which was managed by her brother in law. With the budget she purchased care from a private agency for her personal care needs and to prepare her meals. The care workers were able to come at a time that best suited Mrs A and she had the same care workers every day. Mrs A also purchased extra hours from her care workers with the intention of using these hours for social activity. The plan was to enable Mrs A to go out to the shops and attend social activities and prevent isolation.

**Mrs B**
Mrs B is in the late stage of dementia. All aspects of her care are undertaken by her daughter who lives with her. Mrs B wished to be less of a burden to her daughter and so wished to buy some paid support at home and also have opportunity to undertake social activity.

Mrs B’s faith is very important to her. She used her personal budget to purchase care from a specialist agency and also attend a day centre which was culturally appropriate.

**Mr C**
Mr C has dementia and lives with his wife. The most important thing to Mr C is his religious beliefs and attending his place of worship. He is also very intolerant of bad language and did not like meeting new people as he is wary of strangers. Mr C is a very proud man and has always dressed smartly and wanted this to continue. Mr C also loves to get out and about.

Mr C used self-directed support to employ his sister in law to undertake some of his support to get out and about and also to go to his place of worship. Mr C also purchased extra hours from his care worker to help with his personal care needs.

**Mrs D**
Mrs D has dementia and considers her family to be the most important part of her life. She is very independent and likes things done in a certain way. She was increasingly confused and frustrated with agency workers. Mrs D was very isolated and spent a lot of time alone.

Mrs D has used her self-directed support to employ her daughter as a personal assistant and so she can now spend more time with her daughter and undertake social activity as well as having her personal care and other tasks undertaken the way she wants them.

**Other examples**

*NB:* They are low in number, but there are examples which involve people living with dementia and personalisation, and more specifically self-directed support. For example: Betty Fallon, lady with dementia living in Cumbria benefiting from self-directed support. Betty Fallon’s example is below but do find up to date examples at: www.cumbria.gov.uk/adultsocialcare

Further examples which relate directly to personalisation can be found online at: www.dhcarenetworks.org.uk/Personalisation
16:45 Round up the day:

**Tell people what they have covered**
Brief rundown of ‘what we did’.

**Check in with flip chart questions**
Tick off those which have been answered throughout the day, answer ‘easy’ questions if time. Reach an agreement on how to answer the remainder – for example staff can take the questions to their next staff meeting, network gathering or create a virtual learning network online and use these questions to start online discussion and support.

**Repeat**
Opinion scale exercise from earlier – ask three people to explain why they are standing where they are and why. Have their opinions changed? Is the group now more or less positive?

**Give out handouts**
Ask each delegate to take a couple of minutes to record three action points in their handouts to discuss in their teams after the day and at the next event in six months’ time.

17:00 Close

Thank people for their time and contributions

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3. Follow up event options

If you decide to run this event as a half-day learning event as we did at the Mental Health Foundation you have a variety of options for the follow up to be held within the following six months.

For example, you could:

- organise a facilitated learning space again – inviting the same delegates but covering more in depth practical dilemmas and further evidence

- set up an online learning community space (there are many free ways of doing this online if an organisation doesn’t already have the capability to do this)

- review action points within small staff teams as part of a networking event

- invite a speaker to come and address a specific learning need identified by the actions and reflections of the delegates

- make the follow up event less formal, held frequently/periodically and give the event a social feel and have a less structured discussion about what has happened since the learning event
4. Improving the framework

This resource details a learning event which has not been extensively tried and tested. While running the Dementia Choices project it was tested twice and improved following feedback on each occasion. You may find there are ways in which it could be improved further. One way is to make the half-day into a full day. We decided not to do this so that as many staff could attend the event as possible, with many finding it easier to commit to a half-day rather than full day.

We have included some of our feedback here to give you some pointers on how you might improve what it is here:

- ‘Looking at case studies’
- ‘Reminder of legislation and policies’
- ‘Exchange of ideas’
- ‘Real stories were really helpful’
- ‘Interactive participation and networking’
- ‘Opportunity to share experiences’
- ‘Have a person living with dementia who has an individual budget present to talk about their experiences’
- ‘More evidence on how it works and why’
- ‘Have a person living with dementia, for example:’
- ‘Looking at case studies’
- ‘T alking Mats:’
- ‘Dementia Care Mapping:’
- ‘Videos and handouts’
- ‘Group discussions and activities, sharing ideas and opinions’
- ‘Opportunity to share experiences’
- ‘Interactive participation and networking’
- ‘Real stories were really helpful’
- ‘Exchange of ideas’
- ‘Reminder of legislation and policies’

We asked people how we could improve the session, they said:
- ‘Maybe a full day workshop to discuss in more detail various definitions and looking at resources’
- ‘More information on the ways to use self-directed support’
- ‘I would have liked to try some communication tools’
- ‘More time looking at solutions’
- ‘I think sessions like this should be run every 6 months whilst the transformation agenda is being implemented’
- ‘More evidence on how it works and why’
- ‘Have a person living with dementia who has an individual budget present to talk about their experiences’

If you are considering designing a full day on this topic then you could helpfully include sessions on:

1. Safeguarding – discussing policies, practices and resources for risk management and enabling risk in more depth
2. The financial ‘how to’: looking at financial assessments, charging and resource allocation
3. Use of observational and communication techniques to empower people living with dementia, for example:
   - Dementia Care Mapping: www.brad.ac.uk/health/dementia/
   - DementiaCareMapping/
   - Talking Mats: www.talkingmats.com/

5. Dementia and personalisation delegates hand out template

This template is available as a downloadable pdf at www.mentalhealth.org.uk/dementiachoices

Half-day staff learning event

Definitions

Self-directed support
Self-directed support is a new way for people to regain and remain in control of their lives. Self-directed support enables people living with dementia (and their carers) to have more freedom and choice about the social care services they receive. They can benefit from more flexible local support, which is paid for by local social services.

Personalisation
Personalisation is a term which is often misunderstood, for clarity the following paragraphs are from the Social Care Institute for Excellence’s (SCIE) publication, ‘Personalisation: A rough guide’:

‘Personalisation means starting with the individual as a person with strengths and preferences who may have a network of support and resources, which can include family and friends. They may have their own funding sources or be eligible for state funding. Personalisation reinforces the idea the individual is best placed to know what they need and how those needs can be best met. It means that people can be responsible for themselves and can make their own decisions about what they require, but they should also have information and support to enable them to do so. In this way services should respond to the individual instead of the person having to fit the service. This traditional service-led approach has often meant that people have not received the right support for their circumstances or been able to help shape the kind of help they need. Personalisation is about giving people much more choice and control over their lives.’

Direct payments
Direct payments are a cash payment made in place of regular social service provision to an individual who has been assessed as eligible and needing social care and support. The money included in a direct payment can only be used for social care services.

Personal Budgets
A personal budget is the funding allocated by social services to someone after they have been assessed to meet their social care needs. These budgets give people a transparent allocation of money and the right to choose how this is managed and spent but the money is not always handed over to the individual, like a direct payment. In social care they may sometimes be called an ‘individual budget’.

Personal Health Budgets
The Department of Health are now piloting ‘personal health budgets’ with a wide range of primary care trusts looking to build on the experience with personal budgets in social care to test personal health budgets as a way of giving people greater control over the health services they use. For more information about the personal health budgets pilots please visit: www.dhcarenetworks.org.uk/PHBLN/

More information is also available via: www.puttingpeoplefirst.org.uk/
Dementia and personalisation – legal and policy context

Legislation and policy are often easily confused. A quick recap: policies are produced to guide people and often contain recommendations for key groups but do not have to be followed. Legislation on the other hand sets down rules that have to be followed and are enforceable through the courts. Knowing the details and rights enshrined by different legislation can be an important empowerment tool. In recent times there has been a marked increase in both legislation and policy documents.

The lists below are by no means exhaustive but are a starting place for awareness of the legislation and policy context connected to dementia and personalisation.

Legislation

There are three main types of law: statute law (legislation), common law, and European directives. Concentrating on what is written down in statute law a number of Acts of Parliament are relevant:
- Carers Act 1995
- Community Care (Direct Payments) Act 1996
- Data Protection Act 1998
- Equalities Act 2010 – bringing together different discrimination legislation from e.g. Disability Discrimination Act 1995
- Human Rights Act 1998
- Mental Capacity Act 2005
- Mental Health Act 1983, amended 2007
- NHS and Community Care Act 1990

Policy and practice

National policy related documents and practice guidance
- Dementia Ethical Issues (Sept 09) Nuffield Council on Bioethics
- Dementia UK (2007)
- Department of Health Local Authority Circular (2009), Transforming adult social care
- Department of Health Outcomes Framework for the National Dementia Strategy (2010)
- Department of Health Living well with Dementia: A National Dementia Strategy (2009)
- National Audit Office report (2007) – Improving services and support for people with dementia
- Putting People First (2007) A shared vision and commitment to the transformation of adult social care
- Social Care Institute for Excellence (SCIE) – wide range of practice guidance on personalisation: www.scie.org.uk

A further reading list is available as part of the Dementia Choices project summary document available on the Dementia Choices web page at: www.mentalhealth.org.uk/dementiachoices

Action Points

Please record three action points arising from the session. These action points are your personal record to take away from today. We suggest you review your action points during the next six months.
1.
2.
3.

Feedback

We are keen to keep this learning informative, enjoyable and up to date. With your help we would like to develop and improve the format and content of the sessions. Please answer the questions below and use the space on the rest of the paper to add your own comments.

What did you think about the content of the day?

What do you think worked well?

What didn’t work so well?

How could we improve the session in the future?

Please use the space below to add any further comments:
Acknowledgements

We would like to thank Neil Mapes, Rachel Downing, all the Dementia Choices project reference group members and the pilot sites who have worked with us to produce this information.

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– Bury Metropolitan Borough Council
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– Crossroads Care Cambridge City
– London Borough of Redbridge

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This information was produced by the Mental Health Foundation’s Dementia Choices project. To find out more about the Mental Health Foundation’s work on dementia and mental health in later life please call the Mental Health Foundation on 020 7803 1100 or go to our website at www.mentalhealth.org.uk.