

Training care home staff to use Talking Mats[®] with people who have dementia

Findings
Informing change

October 2009

When communication breaks down it can be very challenging for individuals with dementia and their carers. The Talking Mats system helps people organise and express their thoughts using visual symbols. The Joseph Rowntree Foundation (JRF) funded the development and delivery of a pilot Talking Mats training package to care homes across the UK in 2008/2009.

Key points

- Confident staff who had the support of their managers were more likely to do well in training and implement new practice.
- Staff who had identified clear goals, or needs in the care home, prior to attending training were likely to be more motivated and creative in their use of Talking Mats.
- Training of this kind is likely to be more effective when delivered to a group of staff in one care home. Care homes can then effectively transfer and maintain communication techniques and skills.
- In general, staff valued quantitative improvements in communication (such as information gained from residents) but did not always recognise more general qualitative improvements for people in the later stages of dementia (for example if they were more engaged or less distracted).
- Talking Mats can benefit people at all stages of dementia but it is still especially difficult to interact with residents in the later stages of the disease and staff require support and time to establish therapeutic approaches.
- Short-term feedback revealed that the majority of staff trained believed the technique benefitted them and their residents. However, the study did not gather enough information to indicate whether training would have a long-term effect.

The research

By Jane Macer and Joan Murphy,
the University of Stirling

Background

What is Talking Mats?

This low-tech communication framework was developed by Joan Murphy at the University of Stirling.

It comprises a textured mat and visual symbols to help people express their views on a range of topics. Once the topic for discussion has been identified using visual supports, option symbols are presented one at a time. The participant is asked open questions about their views on each option and places the symbol on a mat beneath a scale. Gradually a picture emerges on the mat, representing the person's views. This gives evidence of consultation, is easy to record and can be used to support decision making and ongoing discussion.

In 2007 JRF commissioned a research project to investigate the effectiveness of Talking Mats with people with dementia. *Communication and Dementia: how Talking Mats can help people with dementia to express themselves* by Joan Murphy, Cindy M Gray and Sylvia Cox (available at www.jrf.org).

The researchers concluded that Talking Mats can be used by many people at all stages of dementia, improving their ability to communicate and express their views.

On the basis of these findings JRF funded the development of a package tailored to train care home staff to use Talking Mats with residents who have dementia. The aims of the project were:

- to carry out Talking Mats training in four sites throughout the UK;
- to develop a pack of materials that would enable staff to return, after training, to their care home and immediately begin using Talking Mats; and
- to record the impact of training and implications for practice in the longer term.

Materials

The package contains three symbol sets, a generic Talking Mats booklet, a dementia specific leaflet, a mat and a DVD containing examples of Talking Mats facilitated consultations with people who have dementia.

The symbol sets are easy to handle and cover topics relevant to people living in care homes and their carers

including: you (health and wellbeing); your environment; and activities.

Training

Model

The training consisted of two sessions. Session one was delivered consistently by one trainer and included a background to the Talking Mats framework, DVD examples of Talking Mats in practice, and the hands on skills training needed to put Talking Mats into practice with care home residents.

Between the sessions, trainees were expected to produce a short DVD of themselves using the Talking Mats framework, in order to allow their communication style and skill to be assessed. Session two was then delivered by two trainers so that these DVDs could be viewed in smaller groups where it was easier for peers to evaluate each other constructively.

Recruitment

The project was publicised in appropriate national publications. Care home managers who expressed an interest were given more detailed information by phone. In order to secure training places, the care home managers first agreed to support staff with the resources required to produce a short DVD. Managers were asked to select two motivated members of staff, who would be able to attend both parts of the training, produce DVDs and return short activity logs after training. These logs were devised to provide feedback on how useful and effective staff had found Talking Mats. Managers agreed to supervise the logged activity and participate in a short telephone interview with the Talking Mats trainer, to give their own views on the impact of the training on practice within their care home.

Training and development costs were covered by JRF. Travel and accommodation costs were supplied by the care home.

At this stage a number of care homes withdrew their interest for the following reasons:

- Staffing and time constraints.
- Lack of camcorder facilities or technical knowledge.
- Lack of funding for travel and accommodation.

Attendance

Training was delivered in four regions of the UK: Scotland (Stirling), South East England (London), Northern England (York) and Northern Ireland (Belfast). Each course was designed to cater for eight care

homes (16 individual care staff). Limited interest from Welsh care homes made training in this region unfeasible.

Twenty five care homes sent staff to be trained as follows:

<i>Region</i>	<i>Places booked</i>	<i>Attendance at Session one</i>	<i>Attendance at Session two</i>
Scotland	16	14	13
South East England	16	13	12
Northern Ireland	14	14	14
Northern England	16	12	7

Outcomes

Trainee feedback

- Enjoyed the opportunity to learn a new skill.
- Using the technique yielded unexpected information from residents and gave deeper insights into mental capacity.
- Promoted collaboration with manager. When this occurred it was felt to be very supportive.
- Valued concrete outcomes from a conversation.
- Thought whole work place training would be preferable.
- Training not long enough.
- Difficulty producing DVD.
- Lack of support from manager.
- Lack of time to use Talking Mats within the care home routine.
- Concern that other colleagues might be unappreciative of the potential value of Talking Mats work – not viewed as “real work” in comparison with physical care and chores.

Reflections on trainee feedback

Trainee confidence appeared to be dependent on management support:

- Overall, care staff who undertook training showed insight and enthusiasm for their work. However, this was not matched by confidence in their own capacity to learn and demonstrate their learning. The most confident staff appeared to be those with the most supportive management team and a clear sense of purpose.
- Some staff clearly felt unsupported by their managers throughout the training process, and a small minority felt that they might not be able to progress the use of Talking Mats due to pressure of other work and demands within the care home.

Manager feedback

Managers’ responses to the training invitation were varied:

- Some managers had heard of Talking Mats and were already keen to explore the concept.
- Some were interested once it had been explained to them, and quickly recognised that it might be a useful tool in challenging areas of consultation with people who have dementia.
- Some managers appeared to be responding primarily because of a directive from senior managers.
- Others were seeking cost free training opportunities for their staff, but were unable to invest their own resources i.e. release staff for two days, pay travel or accommodation costs, produce a DVD and monitor and record Talking Mats activity after training.
- Managers were specifically invited to nominate staff they felt would be enthusiastic and well placed within their establishment to deliver Talking Mats. Some chose to send activity co-ordinators or senior care workers in whom they had confidence. Others relied on staff to volunteer or selected them purely on the basis of availability within the staffing rota.

Upon registration, managers agreed to complete a short telephone interview. This proved more difficult to secure than anticipated, possibly reflecting high workloads, lack of interest or low priority given to the Talking Mats training. Fifty per cent of managers whose staff completed the training were canvassed. These interviews took the form of structured informal conversations. Four open questions were formulated to gather managers’ views on the impact of training on staff, residents, care home practice and future plans. The following is a summary of points on the impact of the training:

- Helped staff get to know residents.
- Yielded unexpected responses and new information.
- Revealed capacity or incapacity to share views – with sometimes unexpected results.
- Useful to demonstrate to families.
- Useful for gathering resident feedback on services.
- Gave staff and residents a focus for conversation.
- Stimulated reminiscence.
- Increased staff confidence.
- Time consuming.
- Not useful with residents who have advanced dementia.

Reflections on manager feedback

Managers who were involved throughout the whole project were universally positive about the effects of the Talking Mats training, and the majority could envisage long term effects and benefits.

Logs

Fifty three per cent of the care homes returned logs one to three months after training. The purpose of the logs was to gather evidence of Talking Mats use after training, to determine the usefulness of the symbol topics, and related outcomes for patients. Most logs gave only two or three examples, providing insufficient evidence of regular or continuous use. Log evidence did not always match the amount of use reported by managers: in interviews managers generally reported greater usage of Talking Mats than was recorded in the logs.

Conclusions and implications

The trainers conclude that:

- Training of this kind can only be successfully implemented in care homes with the active involvement of managers.
- Care home managers who rejected this training opportunity cited staffing and time constraints, lack of technical facilities or knowledge, and lack of funding for travel and accommodation costs. This may reflect constraints by senior management or indicate difficulty with innovation and change.
- Work place training for the whole staff group should seriously be considered, as it would ensure carry through and consistency in positive communication and Talking Mats practice.
- Staff value concrete communication outcomes in terms of information gained but tend not to recognise or value more general improvements in interaction with people who have dementia e.g. that they are more engaged or less distracted.
- Managers who accepted the Talking Mats training reported concrete benefits for staff and residents. Some expressed interest in using it as a practical tool to provide evidence of good consultation practice.
- There is an evident need to train care staff in communication and interaction strategies relevant to residents who have dementia.
- There are issues with team working within care

homes and a need for clear training objectives, shared between managers and care staff.

- Staff confidence varied markedly which influenced learning and the capacity to implement new skills. Some staff creatively extended and personalised the use of Talking Mats for residents.
- The majority of residents, staff and managers appear to have been satisfied with the technique and outcomes. However, feedback did not yield sufficient information either quantitatively or qualitatively to judge how far-reaching the effects of the training will be on longer term practice.

The trainers conclude that the findings of this project may have broader implications for the planning and delivery of training to staff in care homes for people with dementia:

- Communication strategies and techniques will influence the quality of interaction throughout a care home. When training impacts at a cultural level, it is ideal for managers and front line staff to receive joint training. This will ensure shared understanding and practice.
- A culture of reflective practice will empower staff to give feedback, ask questions and become active participants in the development of quality practice. Staff who lack confidence and self worth are less likely to engage in change and innovation.
- Interaction strategies appropriate to people in the later stages of dementia are limited. Staff report feelings of helplessness when managing such residents and require support and time to establish therapeutic approaches.

About the project

The project ran from February 2008 to February 2009. It was carried out by Jane Macer, Joan Murphy and Tracey Oliver who are all researchers at the Talking Mats Research and Development Centre. Jane and Joan are also practising Speech and Language Therapists.

For further information

A full report on this project by Jane Macer and Joan Murphy will be published by the Joseph Rowntree Foundation in November 2009 and is available as a free download at www.jrf.org.uk. For further details of the project, the resources and Talking Mats training please go to www.talkingmats.com

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Tel: 01904 615905 email: info@jrf.org.uk

