



Dementia Elevator: Dementia Awareness Training For Financial Services Staff.



Facilitator's Resource Pack



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Introduction

This resource pack has been developed to enable you to facilitate group delivery of the Dementia Elevator, Dementia Awareness Training for staff working in financial services. The training can be accessed on the Dementia Elevator website <http://www.elevator-pst.com/?course=financial>

This training programme aims to provide some awareness and skills on dementia so that financial services staff will have an understanding of dementia, and will be able to appropriately support customers who may be living with the condition.

As a facilitator of this training programme it is necessary that you complete the online programme and are very familiar with all seven modules.

This pack refers to the main online programme content throughout. The various modules pose many questions and provide opportunities for reflection and interaction. You are provided with some discussion points and possible answers to the questions posed. The estimated time required for delivery is approximately 30 minutes per module.

Some participants may have personal experience of dementia or are worried about dementia. As a facilitator of the training, it may be useful to explicitly point out that you are not a clinical expert or a dementia expert and that contact details of support organisations such as the Alzheimer Society Helpline will be available for anyone who requires them.

For anyone who is worried about dementia/memory loss you could ask them to visit their GP. It could be helpful to let participants know that in the event they should feel uncomfortable or upset they are free to leave the training session. Also, having leaflets to hand from local support organisations or the Alzheimer Society of Ireland would be beneficial. Details of the Alzheimer Helpline and other resources can be found at the back of this pack.



Programme features.

The training content includes;

- Information about dementia delivered by an expert in the field,
- An interview with a person with dementia,
- Four filmed scenarios dealing with issues faced by staff and people with dementia and their families when using a financial service,
- Reflective exercises.

This pack and the online financial services dementia awareness training were designed for your use to help you meet the learning objectives for the training session. Underneath each online module, you will find a range of additional resources relevant to the topic addressed. It is recommended that you review these resources before delivering the training session.

Training and facilitation resources

For tools, techniques and tips for effective facilitation you may like to have a look at the NHS, Facilitator's toolkit.

http://www.institute.nhs.uk/images/documents/No_Delays/2010%20Facilitator%20Toolkit%20WEB.pdf

Why should financial services staff do this training?

Dementia is not just an issue for families and health services. Many people with dementia continue to use local community services such as financial services and will encounter front line staff on a regular basis. Managing finances while living with a diagnosis of dementia can pose a number of challenges for the person. At the same time, engaging with customers with dementia can be challenging for financial service staff. There may be situations that are stressful to you as financial services staff and you may question if you have provided the right support for the customer.

Having some awareness of dementia and some skills to appropriately support customers living with the condition will have a number of clear benefits. These include; being able to



give back to and support loyal customers who have developed dementia, and helping your customers with dementia maintain their financial independence for as long as is possible, as well as being better equipped to engage with family members, if necessary. With the prevalence of dementia set to rise due to our ageing population, it is likely the financial services sector will have more customers with dementia in the future. For this reason, many customer facing businesses and services are becoming dementia friendly.

By getting involved in this training your business is joining the Dementia Friendly Communities movement, which helps people with dementia remain part of their communities and retain independence in many areas of their lives for as long as possible by making some small changes to your service.

For more information on the Dementia Friendly Communities concept visit the Alzheimer Society of Ireland website.

<https://www.alzheimer.ie/Get-Involved/Dementia-Friendly-Communities/Dementia-Friendly-Communities.aspx>

Learning objectives of the Dementia Awareness Programme for Financial Services.

On completion of the financial programme, participants will be able to identify:

- Some ways in which dementia can affect a person.
- What a diagnosis of dementia can mean for a person and their family.
- Some of the challenges a person with dementia can face using financial services.
- Some approaches which can be used to support the person in these situations.
- What a 'dementia friendly' physical environment means and some approaches to achieve this.



Training Modules

Introduction:

Module 1: Overview of dementia.

Module 2: The impact of stigma and diagnosis.

Module 3: Communication skills and strategies - when there is a question around a customer's capacity to make financial transactions.

Module 4: Having the right conversation - how to respond to a person's increasing forgetfulness.

Module 5: Financial abuse - recognising and dealing with the issue of financial abuse.

Module 6: Working with relatives - dealing with relatives who are concerned about a loved one's financial affairs.

Module 7: Dementia Friendly Physical Environments - some approaches to be aware of which can make the physical environment become more or less dementia friendly.

Introduction Module

The introduction module helps to set the context for the programme. In this module you will find the Central Bank's statement on vulnerable consumers in the Consumer Protection Code and a video of a person with dementia talking about an experience she had using a bank.

*The inverted commas used in this document indicate that the text is taken from the script used in the online version of this programme.

‘This programme is part of a larger project, Dementia Elevator, which aims to support communities to help people with dementia to stay in their communities for as long as possible. This programme has been designed specifically to support front line staff working in the financial sector.

The intention is to provide participants with some information on dementia but more importantly to highlight the impact front line staff can have on experience of a person living with dementia. This programme aims to shift the focus from loss in dementia to an emphasis on supporting the person's existing strengths. We have deliberately avoided providing lists of signs and symptoms of dementia. Instead we want participants to consider the person in that moment. If the person is consistently treated with respect and responded to using some of the strategies we cover in this programme, then the experience is likely to be more positive for everyone.

Many organisations will already have policies and procedures in place around supporting vulnerable customers. The Central Bank of Ireland Consumer Protection Code states that;

‘Where a regulated entity has identified that a personal consumer is a vulnerable consumer, the regulated entity must ensure that the vulnerable consumer is provided with such reasonable arrangements and/or assistance that may be necessary to facilitate him

or her in his or her dealings with the regulated entity.’

Assessed online July 2016

www.centralbank.ie/consumer/cpc/requirements/Pages/general.aspx

Exercise:

Video: Personal account of a banking experience of someone living with dementia.

Find it at: Introduction Module, Timing 5mins.10secs

Before starting the training, ask participants to look at short video where a lady who is currently living with dementia describes an experience she has had with her bank.

(You could point out that Pauline is not an actor, she is a person with dementia.)

‘The intention here is not to explore the specific issues she raises but instead to highlight how she felt about the experience. Up to this point, she had been taking care of all her own banking however as a result of feeling that her wishes were not respected and that she had not been listened to this lady handed over her banking responsibilities to her daughter from that point onwards. The important point to remember is that her condition did not change overnight, but her experience had a profound effect on her belief in her ability to remain financially independent.’

Suggested discussion point

Ask the group for their initial reaction to the clip.

Explanation: This video has highlighted that Pauline’s ‘emotional’ memory of her experience had shaken her belief not only in her own potential to manage her finances independently but also her overall self- confidence. Pauline had a bad experience, she didn’t feel heard, she didn’t feel like she was taken seriously and her wishes were ignored. This was enough to prompt her to withdraw from banking, and handing over responsibility for this to her daughter, thereby ending her financial independence.



Point out to participants that this entire programme is designed to make it easier for financial service staff to provide a better experience for people with dementia and those supporting them.

Suggested exercises:

Ask participants to think of a situation where they felt like they were not heard and their wishes were ignored. How did this make them feel? What would have helped the situation?

Module 1: Overview of Dementia

Learning outcomes:

In this module we will address

- Some key information on dementia
- The difference you can make to somebody's experience of living with dementia.

Exercise

Ask the group what words come to mind when they hear the word 'dementia'

Possible responses by participants to this:

'Senile', 'in a world of their own', 'aggressive', 'frustration', 'lost', 'Alzheimer's', 'poor things', 'God help them'

Responses can often be negative or sympathetic. Ask participants to write down and think what they have written and mention that you will be asking the question again at the end of the programme (to capture if there have been any changes in their views).

Sympathy is often regarded very positively, but it can also be disempowering. As the group progress through this programme, our hope is that their perspective will shift even slightly, so that they might recognize the power of the language that they use, and hopefully shift to a place where they want to provide a support that is instead empowering.

Some Figures

- There are 48,000 people currently living with dementia in Ireland, with this figure expected to increase due to our ageing population.
- Most (research estimates approximately two thirds) continue to live in their communities. Many of these will continue to use community services such as financial services, but may need some support.



What is dementia?

‘Dementia is an umbrella term for a range of conditions that can impact on many aspects of a person’s life. These conditions can affect our ability to store memories, how we process information and sometimes our mood and personality.

UK research highlights that only

- 58% of people with dementia say they are living well, and
- 48% say they feel part of their community.’

Alzheimer Society UK (2014) Dementia 2014: Opportunity for Change [online, Available] <https://www.alzheimers.org.uk/dementia2014>, accessed 29/1/16

Suggested discussion point: What does the group think of these statistics? Are they surprised by them?

‘Alzheimer’s is thought to be the most common type but there are many others including Vascular Dementia, Fronto-temporal dementia and dementia with Lewy bodies.

Although dementia affects mostly people over 65, younger onset dementia, while less common, can affect people in their fifties, forties and even thirties.

Although dementia can affect comprehension, judgment and planning we tend to associate dementia and particularly Alzheimer’s disease with loss of memory.’

Show Memory resource video.

Find it at: Module 1, Additional resources section underneath the video

A more detailed text version of memory resource can be found at appendix A. This resource gives participants an opportunity to reflect on the different ways in which dementia can affect someone, more than they will have previously considered.



Exercise: Discuss with the group their responses to the memory video. Does it make them reconsider their experiences or perceptions of a person with dementia?

It is important to point out to participants that they don't need to be experts in dementia. In this training programme they will learn some basic information about dementia but more importantly how small changes to the way we communicate and behave with someone affected by dementia can make a significant difference to their experience.

If you would like additional information about what dementia is, go to The Alzheimer Society of Ireland website <http://www.alzheimer.ie/about-dementia.aspx>

Module 2: Stigma and Diagnosis

Learning outcomes

In this module participants will gain

- A better understanding of the impact of stigma on the life of someone living with dementia
- And a better understanding of the implications of a diagnosis of dementia.

Stigma

‘The World Health Organisation and the World Psychiatric Association defines stigma as a condition

‘resulting from a process whereby certain individuals and groups are unjustifiably rendered shameful, excluded and discriminated against.’

(WHO, WPA, 2002)

Dementia remains a stigmatized condition and this has negative consequences for those living with it. As mentioned, dementia mostly affects people over 65 and thus the stigma associated with old age is also a factor.’

Suggested Exercise:

Ask the group if they agree that dementia is a stigmatized condition? If yes, in what way?

How could stigma associated with dementia impact on a person with dementia using financial services?

Possible answers:

- It might be assumed that the person has no capacity to manage their money, although they may well have.



- There might be an expectation that the person will start acting 'strange'.
- The staff member may feel uncomfortable dealing with the customer even if there has been no obvious change in behavior.

You could encourage participants to be mindful of subtle stigmatizing responses for example, an assumption that an older person will behave in a certain way (ageism).

Diagnosis

Exercise

Before moving on to diagnosis, ask the group if they would like to know if they had dementia and give their reasons for their answer.

(Note: Responses can often be linked to the issue of stigma discussed earlier – for eg: shame, embarrassment.)

Yet, research has found that most people would like to know if they had dementia. Even when someone seeks help, diagnosis is often not straight forward and can take considerable time.

Timely Diagnosis

A timely diagnosis of dementia can provide the best possible outcome for the person and their families, however receiving a diagnosis is almost always a life changing and traumatic event. While it can be helpful in allowing a person and their family to understand what is happening and make plans for the future, often the label of dementia is attached to the person and their behaviours are often interpreted based on the label rather than the behaviour.

You may wish to read or play the quote from Lynda Hogg who was diagnosed with Alzheimer's disease in 2006.

Find it at: Module 2: Timing 03mins.09secs

“Labels can become so frustrating, as instead of being Jim, John, Lucy or Ann, you suddenly morph into a person with dementia first, followed by your name and other qualities. It’s as if the rest of a person has vanished into thin air, never to return. In my experience, it is at the point of diagnosis or shortly afterwards that stigma begins to appear. It is as if friends and relatives can accept and be amused by someone’s foibles prior to this and can warmly comment that they are getting eccentric as they get older. However, once dementia is diagnosed, it is as if a line has been crossed and some people don’t want to be associated with someone with an illness affecting the brain. I have noticed that some people whizz straight to the end of the illness, as if their friend or relative was about to arrive there with no pathway in between”.

(WHO, 2012)

Suggested exercise: What does the group think of this quote?

You may like to ask what the group thinks of these statements from the quote:

‘It’s as if the rest of the person has vanished into thin air, never to return’

‘When dementia is diagnosed, it’s as if a line had been crossed’

The notion of a person vanishing into thin air, of being lost to us, is caught up in the stereotypical notion of what it means to have dementia. This programme sets out to challenge this view.

The most important thing to point out to participants about a dementia diagnosis is that, this does not automatically mean a person is no longer able to manage their own lives. Many people with a diagnosis of dementia continue to be able to manage their lives independently or with some degree of support.

Exercise:

Remembering your response to the earlier question about diagnosis, consider what your concerns might be if you were then deciding whether or not to talk about your diagnosis.

For example

- *What if I make a mistake or say the wrong thing?*
- *What if they think I can't take care of myself?*
- *What if they think I can't live at home anymore?*

In a financial situation you might ask;

- *What if they decide I'm not able to take care of my own money?*

Suggested exercise:

Can the group think of any other concerns they might have about managing their own finances if they had a diagnosis of dementia?

Possible answers:

- They might worry that their financial independence will be taken from them, although they still may have capacity to make a range of decisions.
- They might worry about how they will be treated if they make a mistake for eg. forgetting PIN number.
- They might feel more vulnerable to financial abuse.
- For someone who ends up with no family or trusted friends, they might worry about who will support them to make financial decisions when they are no longer able.

‘In many cases, it is likely participants will work with people who are not yet aware of their condition or aware and unwilling to disclose their diagnosis. This can make the situation more complex as they will be unable to openly discuss any challenges with the person. However the strategies which will be addressed in the following modules still apply.



Ideally we want to create a culture where a person affected by dementia can approach financial services with ease about their diagnosis, and where the service will be able to support the customer to continue to manage their finances for as long as possible and to support them to seek more assistance when they need it.'

Suggested exercise:

Ask what might concern them if a customer informed their service that they had dementia? What are the reasons for these concerns?

There may be a variety of responses, but it's important to point out that the content in this training will provide staff with some skills and awareness to support the customer in many different circumstances. We encourage staff to engage in peer discussion about their organisation's policy and practices.



Modules 3 to 6: Filmed Scenarios

The following modules, 3 to 6, feature filmed scenarios, which involve customers with dementia and a family carer using a financial service. They highlight the best possible approaches which could be used to appropriately support the customer in different types of situations.

There are two versions of each scenario shown. Version one highlights the impact on the customer of an unsupportive response, while version two shows that making some small changes to communication and strategies can result in a more positive outcome for everyone.

Key learning from the scenarios is outlined at the end of each section.

We have outlined the significant points to consider and highlight to participants within each module.

Module 3: Communication Skills and Strategies

Learning outcomes

In this module

- We will explore strategies to support a customer who is seemingly unaware that their memory and judgement may be affected by dementia
- Look at challenges faced when there is a question over the decision making ability or 'capacity' of the person to manage their finances
- And we will highlight the benefits of using good communication techniques.

'In this scenario, Mr Conway has come to the bank to withdraw a large sum of money. It becomes clear that he wishes to donate this money to a local animal shelter but has already withdrawn a large sum of money in the previous week.

Version 1

(Module 3; Timing 00mins.47secs)

Factors to consider:

- At this point John is already concerned about Mr Conway, because of his difficulty using his card, but is hesitant to say anything as many customers use their card infrequently and may be less familiar with it.
- His anxiety means that instead of making good eye contact and trying to establish a rapport with Mr Conway, he is avoiding eye contact, afraid of appearing as though he is staring. Equally Mr Conway has not given any real attention to John. He is

focusing on the card, the pin machine and finding the number.

- John has noticed the reference to Joe and is increasingly concerned about Mr Conway and the potential for financial abuse. He is anxious about confronting this issue but decides he must deal with it
- NB : John is following the correct bank procedure by asking Mr Conway to produce a letter from his GP. However his anxiety means he is being somewhat blunt in the way he is communicating this
- This scenario has not ended well. Mr Conway is angry and upset, has walked out of the bank and the issue is not resolved.

Version 2

(Module 3; Timing 03mins.43secs)

In version 2 better communication skills are used and some techniques that prove valuable when working with potentially vulnerable customers who may be affected by dementia.

- As we said earlier, John is already concerned about Mr Conway but he doesn't immediately say anything as many customers use their card infrequently and may be less familiar with it.
- He has used good communication skills, smiling, making eye contact and has given Mr Conway his name, establishing a rapport quite early on.
- John has noticed the reference to Joe and recognises that this is potentially a case of financial abuse and at the very least he is dealing with a vulnerable customer who may need support to manage his finances.

- He also recognises that Mr Conway is upset and growing increasingly agitated. His decision to ask Mr Conway to move to a more private setting pre-empts any embarrassment for Mr Conway as she tries to establish what's happening.
- It also minimises noise and disruption which can be difficult for some people living with dementia.
- With some minimal prompting, John has been able to identify the reason for the withdrawal and gathered more information from Mr Conway.
- He has been reassuring without being patronising and has maintained a calm even tone throughout.

Office scene

(In the event of a private discussion with what seems to staff to be a vulnerable client, some financial organisation's policies may require having a second staff member in attendance.)

- At this point John has been quite clear about the bank's concerns but she has also acknowledged or 'validated' Mr Conway's feelings, presenting this as a bank issue where they are obliged to follow procedures but also being sensitive to how this situation must seem to Mr Conway.
- Joe has confirmed that Mr Conway arrived in last week with a 2000euro donation in cash and that he gave him a receipt for the money. He is also concerned that Mr Conway might want to give another donation and is urging him not to do so, thanking him for the money already given.
- John is reassured that this is not an attempt at financial abuse but increasingly sure that Mr Conway does not fully understand the implications of the further withdrawal

of 5000 euros and that he does not remember the previous withdrawal.

- This is a difficult situation to present to Mr Conway who does not seem to be aware that his memory or judgement is affected in any way. John is clear about what the bank needs and has tried to present this as gently as she can.

Conclusion:

There is no easy solution and as we can see Mr Conway is still upset. However this time John has gathered a lot more information and she has been able to arrange for Mr Conway to come back with his son. He has also clarified that financial abuse is unlikely in this situation. John can now speak to his line manager as to the best steps forward when Mr Conway returns or what to do if he does not return.'

Play Basic Communications Skills resource. This resource recaps on the communication techniques used in this scenario .

Find it at: Module 3 in the additional resources underneath the video

For a text version of 'Basic Communication Skills' when working with someone affected by dementia see Appendix 2

Summary:

In this module we have examined a situation where a customer affected by dementia is confused about their situation, is having difficulty remembering previous transactions and is clearly angry and upset. We have considered the types of responses that will not help in this situation and provided details of better communication skills and strategies that will help when a person is distressed or angry.

Module 3: Key Learning

The key learning we would like you to take away from this module includes:

- An awareness that there are rarely easy solutions for customers living with a complex condition like dementia but that by making simple changes you can provide the best possible experience for them in your workplace
- A better understanding of how to communicate effectively with someone affected by dementia
- And an understanding that good communication skills and strategies can help avoid a potentially tense situation and ensure that your customer is less likely to become distressed or annoyed.

Exercise:

Group work or pairs: Ask the group to come up with three changes that could be applied across the organization to improve the experience of someone with dementia.

Possible answers:

- Having a quiet area (if necessary) for vulnerable customers,
- Ensuring all front line staff have completed dementia training,
- Avoiding bank jargon when communicating to customers.

Module 4: Having the right conversation

Learning outcomes:

In this module

- We will consider the implications of pointing out errors or mistakes,
- And introduce you to some basic theories on how your responses to someone with dementia can have a direct effect on their wellbeing.

‘In this scenario a customer known to staff, Mrs Coleman, has arrived at the Post Office to withdraw her pension but she has already withdrawn her pension for this week.

Factors to consider:

Version 1

(Module 4; Timing 00mins.37secs)

- John is a little frustrated and appears impatient but perhaps this is not the first time Mrs Coleman has tried to collect her pension several times in one week. Mrs Coleman will have tuned into the emotions behind John’s words and to the lack of eye contact. John has also pointed out Mrs Coleman’s error, directly asking her about her ability to remember.
- Mrs Coleman is now clearly confused and John’s manner and tone are not communicating any desire to support Mrs Coleman to understand the situation. Again while Mrs Coleman is finding the situation confusing she will also be responding to John’s tone and feeling increasingly foolish.

- John is under pressure to deal with other customers and has prioritized this over Mrs Coleman's needs. There is no doubt that this is a difficult situation for John but his responses mean that Mrs Coleman is now very distressed and has left the post office in quite a vulnerable state.

Version 2

(Module 4; Timing 02mins.50secs)

- Here, the changes in John's approach are quite subtle but significant. He has been patient and has not tried to point out Mrs Coleman's mistake.
- Better communication skills and a common sense approach have reduced the potential for Mrs Coleman to feel foolish or embarrassed and she is being reassured that her pension is available again in two days.'

Show 'errors' resource

Find it at: [Module 4; In the additional resources section underneath the video.](#)

A text version of the 'errors' resource can be found in appendix 4

Module 4: Key learning

The key learning we would like you to take away from this module is an understanding:

- Of how your responses might affect a person with dementia
- That it is not helpful to point out errors
- That there is no perfect solution when working with a customer who has dementia but with better understanding and good communication skills you can ensure the person has the best possible experience in the circumstances.

Exercise:

Show resource: **The impact of your responses: Malignant Social Psychology (MSP) and Positive person work.**

Find it at: **Module 4; In the additional resources section underneath the video.**

For a text version of this resource see Appendix 5

If possible, have the list of MSPs on display. Work through the list and give general examples. Encourage participants not to think of banking right now, but to reflect on any general examples of MSPs. Replay the video and ask to discuss examples on MSP they noticed.

Ask participants to get into groups or pairs:

A) In the first version ask them to identify examples of malignant social psychology (MSP) that they noticed

B) and in the second version ask them to identify examples of positive person work.

A) Version 1: Examples of Malignant Social Psychology. Suggested answers

- **Outpacing:** Providing information, or presenting choices at a rate too fast for the person to understand; putting the person under pressure by expecting them to do things at a rate that exceeds their current capability.
- **John rushed Mrs Coleman by stating he had other customers to attend to.**
- **Imposition:** Forcing another's values on the person, for example prioritising normal organisation procedures over the individual's needs.
Again he prioritized dealing with other customers rather than focusing on Mrs Colemans concerns.
- **Invalidation:** Failing to acknowledge the subjective reality of a person's experience and especially their feelings attached to it e.g Failing to acknowledge that a process which appears very straightforward to you has the potential to trigger great anxiety for a person with dementia.

John did not acknowledge Mrs Coleman's feelings of anxiety about the missing pension.

- **Infantilisation:** Treating a person very patronisingly, as an insensitive parent might treat a very young child.

Johns tone leaned towards speaking patronisingly to Mrs Coleman.

B) Version 2: Examples of Positive Person Work. Suggested answers

- **Collaboration:** Working in partnership with the person including offering choices (e.g. including someone in decision making process).

John involved Mrs Coleman in working out where the money could be.

- **Facilitation:** Creating or supporting the opportunity for someone to do what they need or want to do.

John is going to follow up with the other staff member about Mrs Coleman's pension

- **Giving:** Accepting concerns, affection and sincerity.

John accepted Mrs Coleman's concerns with sincerity.

- **Negotiation:** Asking, consulting, listening and acting on cues from the person.

John asked Mrs Coleman about where the money might be and listened to her answers.

- **Recognition:** Recognising the person and not the condition. Don't stereotype but instead respond to the person in the moment e.g. make eye contact, maintain open body language and listen carefully to all of the cues the person may give you.

John treated Mrs Coleman as a person who was missing her money, not as a person with dementia.

Module 5 - Working with Relatives

Learning outcomes

In this module

- We will highlight one of the financial dilemmas faced by someone who is caring for a person with dementia
- And explore some approaches to support them.

‘Deirdre’s Mother does not yet have a formal diagnosis of dementia but is attending a specialist and the family have been told her condition is most likely to be dementia. Deirdre has come across letters from the electricity company and other services that indicate her mother has not been paying the bills recently. She would like the bank to address this.

Factors to consider:

Version 1

(Module 5; Timing 0mins.14secs)

- While the teller has followed procedure here and has been polite, they have done little to reassure Deirdre or to support her to try to find a resolution for the difficult situation she is in.

Version 2

(Module 6; Timing 02mins.03secs)

- In this scene bank staff have continued to abide by the principles that protect their customers, in that they have made it clear that without a formal arrangement, they will be unable to discuss details of Pamela’s account with her family.

- However they have taken the time to discuss more fully with Deirdre what her options are so that Deirdre now feels she has been heard, and that the bank understands how difficult the situation is. The bank have also offered sound advice on possible next steps and while supporting Deirdre they have continued to say that the best possible solution is if Pamela can come in and be supported to continue to manage her own finances.

Summary:

Supporting a person with dementia can grow increasingly challenging as dementia progresses. Family carers need information and support to do the best they can and in financial matters you can offer some of that support. For support organizations to signpost family carers to, see the resource section at the back of this document.'

Module 5: Key learning

The key learning we would like you to take away from this module is

- Take the time to explore the situation. You can listen and communicate understanding while still following your organisation guidelines.
- Communicate firmly, calmly and with empathy.
- The best possible solution in a situation like this is to support the person with dementia to continue to manage their own finances.
- If this is not possible, know what the procedures are and where to access the information that can support a relative. Always seek advice from your line manager, if unsure.



- Be aware of support organisations that you can signpost relatives to in this situation. These are listed in the resources section underneath Module 6.

Exercise:

In this scenario, we have suggested that the first step is to try to include the person with dementia. Such an approach can sometimes cause conflict with the carer or family member who may be convinced their relative is no longer in a position to manage their finances.

In discussion with the group, consider some of the challenges this presents and any changes to your personal way of working that you think might help. Then ask the group whether they believe it's possible to support both.

Module 6: Financial Abuse

Learning outcomes

In this module

- We highlight the issue of vulnerable customers who may be affected by dementia and are at risk of financial abuse
- And explore the best approach to take when financial abuse of a vulnerable customer is suspected.

People with dementia are particularly vulnerable to financial abuse. It is important to be aware of how this might present, where to seek advice and support, and how to take action.

Key facts on Elder abuse

- Over 2,500 cases of elder abuse referred to the HSE in 2014
- with 25% of victims being a person living with a type of dementia.
- Financial abuse is the second most common form of abuse; accounting for more than one in five cases
- and almost 50% of bank officials have dealt with cases of suspected elder financial abuse.

‘In this scenario, we are going to explore a situation that indicates possible financial abuse. James, a customer at the bank comes in asking to transfer money into another account. He is accompanied by Kevin who is unknown to staff. Kevin provides the information and instructions to bank staff to the bank to transfer money into another account. He is accompanied by Kevin who is unknown to staff. Kevin provides the information and instructions to bank staff.



Factors to consider:

Version 1

(Module 6; Timing 1min.01sec)

In this scenario the bank teller, Linda is feeling uncomfortable about the extent of Kevin's influence on James but has not felt confident enough to challenge what is happening. This situation is one that could indicate financial abuse.

Version 2

(Module 6; Timing 02mins.16secs)

- This time, the bank teller, Linda, has taken some time to explore the situation. She has consistently addressed her questions to James, the account holder while remaining respectful of Kevin. She has been quite clear that the bank's role is to support James and has taken a very common sense approach to trying to resolve the situation.
- By bringing James to a private office, she has been able to speak to him without Kevin and assess whether he is under any financial pressure from Kevin. This has also reduced the risk of either James or Kevin getting upset or embarrassed in front of other customers.

(As mentioned in Module 3, In the event of a private discussion with what seems to staff to be a vulnerable client, some financial organisation's policies may require having a second staff member in attendance.)

- It's really important that staff don't make assumptions about a person's capacity to manage their finances simply because someone else is doing most of the talking for them. If at all possible communicate clearly and directly with the person who has dementia and ask the other person for the space to do so. In this case Linda was very clear with Kevin that she needed to speak to James but she remained calm and friendly throughout. By chatting to James privately Linda has been able to get a

much better picture of the circumstances including details of other people who support him. As a result with James's permission Linda has been able to arrange an appointment where all concerned parties can meet, to discuss with James how to best manage his finances.

- Linda has also asked James to delay the transaction and he has agreed to withdraw a much smaller amount of money. With a use of good communication skills, some patience, and a willingness to engage more directly to James, Linda has been better able to support him. She has begun the process of planning more formal arrangements for the future, minimizing the potential for abuse. Putting these arrangements in place means that when the next meeting is over the bank will be in a better position to assess whether or not financial abuse is taking place. The bank will have more information should they feel it necessary to report this.'

Play video resource 'Types and indicators of Financial abuse'.

Find it at: Module 6; In the additional resources section underneath the video.

For text version of this resource see appendix 3

In this module we have highlighted the potential for financial abuse of people living with dementia and reinforced some of your earlier learning on communication skills and strategies.

Module 6: Key learning points

- Financial abuse is the second most common form of elder abuse.
- If you suspect financial abuse, remain calm, firm and friendly.
- Where someone is doing most of the talking for a customer affected by dementia, don't assume that person is not able to speak for themselves, or does not have capacity to manage their finances.
- If you suspect someone is acting under duress or being manipulated – take action.



- Be familiar with your organisation's current policies and procedures relating to financial abuse.
- Seek advice or support from a line manager if unsure how to proceed and if necessary contact the HSE for further advice. Contact details can be found on the HSE website <http://www.hse.ie/eng/services/list/4/olderpeople/elderabuse> or in the resources section of this module.

EXERCISE

Get participants into groups or pairs. Ask them to discuss what they understand their workplace procedures around financial abuse to be, and to comment on how effective they think they are. What might they change or add?

Module 7: Creating a Dementia Friendly Physical Environment

Learning outcomes

This module explores:

- Some approaches to be aware of which can make the physical environment become more or less dementia friendly.

The concept of Universal Design

There are some basic guidelines that can be used to ensure that an environment can cater to the needs of the person who enters it, regardless of their age, size, ability or disability.

This is referred to as Universal Design.

According to the Centre for Universal Design, Dublin,

‘An environment (or any building, product, or service in that environment) should be designed to meet the needs of all people who wish to use it. ...if an environment is accessible, usable, convenient and a pleasure to use, everyone benefits.’

Centre for Excellence in Universal Design at the National Disability Authority, Dublin

‘In this module, the physical environment is explored addressing:

- Location
- Entering, Exiting and Moving around
- Spaces and rooms within the outlet
- Interior design
- Lighting and noise

You could point out that not all of these factors will be relevant to every service and some may be more applicable to larger branches.

➤ **Location**

There is usually very little we can do about the location of a building. But, this can be a factor that could prevent a person with dementia visiting your premises. For example; being no longer able to drive or having difficulty crossing the road.

➤ **Entering, exiting and moving around**

- Is the layout of your outlet regularly changing? This can be confusing for a person with dementia.
- Do you have landmarks to help a person navigate their way around?
- Is there enough space?
- *Good signage is also essential.*
 - Are signs placed at key decision points for someone who is trying to find their way around your premises for the first time? People with dementia may need such signs every time they come to your building.
 - Are your signs clear, in bold face with good contrast between text and background?
 - Also using a picture rather than, or along with text can be really helpful.
 - Are signs highly stylized or use abstract images or icons? These should be avoided.
 - Are signs at eye level and well-lit?
 - Is the shop entrance and exit clearly signposted?

- Does your outlet have a clearly visible, well signposted information point?
- Are glass doors clearly marked?

➤ Different spaces and rooms

- Is there a seating area? Is it well signposted? Does it look like seating? Or is it an abstract Z shaped bench or chair? Many people with dementia will not recognise abstractly designed seating.
- Do you have a quiet space for someone who might be feeling anxious or disorientated?
- Do you have customer toilets? This would be very beneficial to a person with dementia and their carers. If you do, are the signs for male and female clear or abstract?
- Toilet seats that are of a contrasting colour to the walls and rest of the toilet are easier to see if someone has visual problems.

➤ Interior design of the outlet

- Are the floors surfaces very shiny and reflective? A very shiny floor can look slippery or wet to a person with dementia.
- Sparkly floors, boldly patterned floors and changes in texture may also cause confusion.
- Do stairs have adequate handrails? Contrasting colours between the staircase steps and the staircase frame can help people with dementia to identify the steps.

➤ Lighting and noise

- Is your outlet well lit and does it make good use of natural light?

Did you know that by the time people are about 75 years old they need twice as much light as normal lighting standards recommend, and nearly four times as much as a 20 year old, in order to see satisfactorily? Poor lighting may lead to anxiety in a person with dementia and may also lead to trips and falls.

- Consider the noise levels in your building - many people with dementia can be sensitive to noise levels which can seem acceptable to us. They may also experience problems differentiating between background and foreground noises.'

Exercise:

Ask the group to reflect on their own workplace to identify existing good practice and any areas where improvements could be made.

Top 10 tips for Dementia Friendly Environments

1. **Signage** Ensure signage is clear and visible. A picture along with words is helpful. Avoid abstract signage.
2. **Landmarks** Can help people find their way around.
3. **Space** Ensure there is plenty of space to walk about easily.
4. **A quiet space** Can bring great relief to a distressed or disorientated customer.
5. **Seating** Having somewhere to sit down can also be a great help.
6. **Bathrooms** Dementia friendly bathrooms could be beneficial for people with dementia and their carers.
7. **Vision** Be aware that a shiny or patterned floor, or changes in texture can cause confusion.
8. **Lighting** Good lighting makes a big difference - make use of natural light if possible.
9. **Noise** Be aware of how some noises can be distracting and confusing to a person with dementia.
10. **Remember**, a good environment for a person with dementia is a good environment for everyone.



Ending the session

You could ask the group to think of any words that come to mind when they think of the word 'dementia'. Has there been any change in their views?

Remind the group of the list of support services they may wish to use for anyone who is seeking more information.

You may wish to meet the participants at a later stage, for example six weeks, and discuss what impact the training has had to their day to day work within the organization.

Appendix 1

Memory Resource

Memory is not so straightforward as we might think. There are many different types of memory and they sometimes use different processes within the brain.

The following definitions have been adapted from http://www.human-memory.net/types_episodic.html

Short term memory

Let's begin by talking about short term memory. This can be thought of as a kind of post-it system for your brain. It's your ability to temporarily recall information. Your short term memory holds approximately 7 items at any one time that are ready and waiting for you to recall for short periods of time. An example of short term memory is the very process of you remembering the beginning of this sentence so that its full meaning is clear by the time you finish the sentence.

When short term memory is affected by dementia you might notice the person repeating stories or questions. They may ask for information from you and immediately ask for the same information again, as they have not been able to store the first question or answer in their short term memory. This also has an impact on the potential to hold information in long term memory, as the information stalls before getting to the point where it can be processed and stored in long term memory, so that it can be difficult for some people with dementia to create new memories.

Long term memory

When we talk about long term memory, we're talking about a number of different types of memory. Declarative memory is memory of facts and events that we can consciously recall and this type of memory is further divided into semantic and episodic memory.

Semantic memory

Semantic memory is our memory of facts, ideas and knowledge independent from our personal experience. This includes our knowledge of things like social customs, vocabulary, the function of particular objects and types of food. When semantic memory is affected by dementia the person may find it difficult to work out what their cash card is used for, or they may struggle to remember what the card is called.

Episodic memory

Episodic memory is our ability to remember events and experiences in an order that allows us to reconstruct what happened at that point in our lives. These are memories of autobiographical events such as times, places, emotions and other knowledge that helps to give us context. Episodic memory is stored differently to semantic memory in that, as the name implies, these memories form an episode, rather than a collection of separate memories. For example, memories of people's faces, the taste of the wine, the music that was playing, etc, might all be part of the memory of a particular dinner with friends.

A person affected by dementia may have made a particular financial transaction with a certain member of financial services staff on given day. They may no longer have a memory of this event.

Procedural memory

Another type of memory that is affected by dementia is procedural memory.

Procedural memory refers to our unconscious knowledge of how to do things, such as tying our shoelaces or riding a bike. Procedural memories are typically acquired through repetition and practice and are so deeply embedded that we are no longer aware of them, we simply know automatically how to do something. A person affected by dementia may have been coming to collect their pension by handing over their book and having it stamped for a number of years but may now arrive at the post office to collect their pension and find themselves unable to remember that they need to bring their book or perhaps if using a card they may forget the process of placing the card in the machine and entering the



number. This can be common after a long break in routine for eg. after a period of hospitalization or illness.

Retrospective and Prospective memory

We're going to finish by talking a little about retrospective and prospective memory.

Retrospective memory refers to the ability to remember people, words, events from the past and includes semantic, episodic and autobiographical memory, that we've already spoken about. When retrospective memory is compromised, a person may no longer recognize a once familiar face or may no longer remember a task they completed a few days ago and may try to complete the task again. If we think about the situation described above where someone is confused trying to collect their pension, this might mean they return a number of times to collect their pension in the same week.

Prospective memory is remembering to remember; for example remembering that you have an appointment with the bank tomorrow so that a person with dementia may make an appointment to come in and discuss their finances but forget they have made the appointment.

We have talked about the impact of dementia on different types of memory and some of the challenges this can present, but memory is not the only challenge faced by someone living with dementia. They may also find it increasingly difficult to plan for or organise tasks or activities, they may be affected by changes in personality or mood and may also be experiencing depression. People with dementia are also often faced with stigmatising responses from other people and in module 2 we will look at the stigma attached to dementia, and at the significance of getting a diagnosis.

Appendix 2

Basic Communication Skills when working with someone affected by dementia

Be respectful: Treat person with dignity and respect throughout the encounter. Someone affected by dementia will tune in quickly to a lack of respect or a sense of being dismissed. This itself can cause distress or escalate a difficult situation. Try not to judge or be defensive - whatever is going on is not personal even if it feels like it is.

Gain Attention: You can gain and hold the person's attention by maintaining eye contact and facing the person. It can help to tell the person your name. Although it may not always be possible, try to eliminate distracting noises, for example by bringing the person to a quieter area.

Body language: Use gestures and facial expression as well as words to reinforce your message. Maintain open body language, for example, avoid crossing your arms and smile warmly. Try to remain calm, if you show signs of stress or tension this will be reflected to the person you are communicating with.

Listening: Give the person time to speak and try not to finish their sentences or rush them. You can show that you're listening by nodding your head and affirming what they are saying for e.g 'I see', 'uh huh.'

Subtle reflection or mirroring of facial expressions can indicate attentive listening but should not be over exaggerated. These reflective expressions can help to show sympathy and empathy in more emotional or stressful situation and lets the person know you are concerned.

Speaking: Speak slowly and clearly (being careful not to take a tone that you might use when talking to a child). It can be helpful to ask questions that require 'yes' or 'no' answers.



The shorter the sentence and the more everyday words we use, the more chance there is that the person will understand what we are trying to say.

The deterioration of language skills for the person with dementia usually starts with those words we use least and those we learned last and this can be a useful guide to our use of language when communicating with someone living with dementia. When someone is upset, angry or distressed it is really important to begin by acknowledging this e.g. “I can see you are upset, but I’m sure we can sort this out”.

Patience: If questions are less clear try to establish what the person is saying. Often the best strategy is to respond to the emotion rather than the words for eg a person who is upset might say, ‘*why do bank staff think they’re so smart and never listen?*’ Don’t take this personally, don’t argue or try to convince the person they are wrong, rather respond to the emotion, this person sounds like they are confused by the information and feels as though you aren’t listening or that you don’t understand them.

A response might be: *‘I can see that you’re upset and I’m sorry you feel that we’re not listening, I’m trying very hard to listen and to understand maybe we could go and sit down in the office and start again so that we can sort this out.’*

A gentle tone goes a long way in helping the person feel at ease. You may need to repeat yourself or answer the same question more than once. Try and keep your tone of voice the same if you have to do this and don’t point out to the person that you have already answered their question.

Appendix 3

Financial Abuse: What is it and what are the signs?

Financial abuse can be:

- Theft -taking/spending money (e.g. pensions, benefits) without consent
- Taking/selling possessions
- Fraud
- Misusing money/assets when appointed power of attorney
- Misuse or misappropriation of property, possessions or benefits
- Withdrawing large sums of money from a joint account
- Using a cash card without consent
- Pressure in connection with a will, property or inheritance or financial transactions
- Denying access to money/assets
- Forging the person's signature
- Identity theft

(Working group on Elder Abuse, 2002; Pritchard, 2008)

Age Action outlined the following indicators of financial abuse;

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Funds diverted for someone else's use
- Being charged for unsolicited or significantly over-charged for work done
- Disparity between living conditions and assets
- Extraordinary interest by a family member in a person's assets
- Making dramatic financial decisions.

Appendix 4:

Explanation of 'Errors'

- Errors “stick” in memory more readily than correct responses. This may be because errors are associated with embarrassment or anger or other strong emotions that “drive in” the incorrect response and make that response more likely the next time.
- This means that when we continue to point out or even inadvertently highlight a mistake the person is more likely to make the same mistake again.
- A better approach would be to acknowledge the problem and suggest that you try to find a solution together.

E.g. 'There does seem to be some sort of a mix up Mrs Coleman, doesn't there? Can you bear with me for a few minutes while I deal with this next customer and then we can sit down and try to work this out?'

Appendix 5

The impact of your responses

Tom Kitwood, a seminal writer in the field of dementia suggested that the ways in which we behave towards a person with dementia can be either deeply damaging to their sense of who they are or can support them to maintain their sense of self. The first set of behaviours where we can damage someone's sense of self, he called malignant social psychology and the alternative responses are described as positive person work.

Malignant Social Psychology

Kitwood argued that often people are not deliberately behaving badly towards people with dementia but that this makes them no less damaging. He included 17 behaviours in his description of Malignant Social Psychology and 12 more positive alternative ways of responding. While not all of these may be directly applicable to your work situation, it is worth reflecting on these and considering your own responses to people living with dementia.

- **Accusation:** Blaming a person for their action or inaction when they lack understanding.
- **Banishment:** Excluding the person either socially, psychologically or physically. An example is having a conversation about the person while excluding them from it.
- **Disempowerment:** Not allowing a person to use the abilities they do have, e.g. failing to support them to participate in decisions that they still have capacity to make.
- **Disparagement:** Dialogue and actions that are demeaning e.g talking about the problems you are having with the person in front of them or ridiculing someone as "demented."
- **Disruption:** Interrupting the person's concentration when they are in a conversation or completing a task. This can impact on their ability to communicate what they want to say or to complete a particular task. E.g. Pointing out to the person that they are repeating themselves and asking them to stop.

- **Ignoring:** Ignoring is similar to banishment and can include ignoring them during conversations or ignoring their expressed wishes.
- **Imposition:** Forcing another's values on the person, for example prioritising normal organisation procedures over the individual's needs.
- **Infantilisation:** Treating a person very patronisingly, as an insensitive parent might treat a very young child.
- **Intimidation:** Inducing fear in a person through the use of threats or physical power e.g. threatening to tell other people about their behaviour as a way of coercing them to behave differently.
- **Invalidation:** Failing to acknowledge the subjective reality of a person's experience and especially their feelings attached to it e.g. Failing to acknowledge that a process which appears very straightforward to you has the potential to trigger great anxiety for a person with dementia.
- **Labelling:** Using a category such as dementia, or 'organic mental disorder' or 'elderly mentally infirm' as the main basis for interacting with a person or as an excuse for their behaviour.
- **Mockery:** Mocking a person as if they do not understand they are being spoken about, exaggerating or laughing at their actions or behaviours.
- **Objectification:** Treating someone with dementia as though they are not a real person, closely related to ignoring this can include not explaining to the person what you are doing or what is happening.
- **Outpacing:** Providing information, or presenting choices at a rate too fast for the person to understand; putting the person under pressure by expecting them to do things at a rate that exceeds their current capability.
- **Stigmatisation:** Treating a person as if they were a diseased object, an alien or an outcast, closely related to objectification.
- **Treachery:** Using deception to distract or manipulate a person with dementia, including making promises you cannot keep, to ensure the person's cooperation.
- **Withholding:** Refusing to meet the needs of the person with dementia.

Positive Person Work

The alternative responses described as positive person work are detailed below. Using these approaches you can better support the person with dementia to maintain their sense of who they are and to feel valued and included.

- **Celebration:** Accepting and celebrating with the person.
- **Collaboration:** Working in partnership with the person including offering choices (e.g. including someone in decision making process).
- **Creation:** Encouraging creativity without force.
- **Facilitation:** Creating or supporting the opportunity for someone to do what they need or want to do.
- **Giving:** Accepting concerns, affection and sincerity.
- **Holding:** Providing physical and psychological support, being fully present with the person and remaining calm and supportive.
- **Negotiation:** Asking, consulting, listening and acting on cues from the person.
- **Play:** Being willing to engage in play, e.g. laughter, sharing a joke, storytelling.
- **Recognition:** Recognising the person and not the condition. Don't stereotype but instead respond to the person in the moment e.g. make eye contact, maintain open body language and listen carefully to all of the cues the person may give you.
- **Relaxation:** Working with the person to create a space that allows them to relax.
- **Timalation:** Using senses to engage the person's body.
- **Validation:** Acknowledging the persons experience, being sensitive to their potentially heightened emotional state, responding with empathy and not dismissing their reality or emotion.



Resources:

FOR THOSE WHO MAY BE AFFECTED BY ANY OF THE ISSUES RAISED IN THE VIDEO OR THE ACTIVITY PACK, THE FOLLOWING ORGANISATIONS MAY BE ABLE TO PROVIDE HELP AND SUPPORT:

The Alzheimer Society of Ireland (ASI) www.alzheimer.ie

National Helpline: 1 800 341 341 Monday to Friday - 10am to 5pm and Saturday 10am to 4pm or email helpline@alzheimer.ie.

The Alzheimer Society helpline is a free, confidential service which provides information and emotional support to those affected by dementia or worried about memory loss.

The ASI website includes information about;

- services and support for those living with dementia,
- tips to live well with dementia,
- memory loss, early signs of dementia and risk reduction as well as links to other useful resources.

Other Useful Websites

www.hse.ie Health Service Executive, Ireland. Infoline from 8am to 8pm, Monday to Saturday. Callsave 1850 24 1850 / 041 6850300. Email info@hse.ie

HSE Elder Abuse resources <http://www.hse.ie/eng/services/list/4/olderpeople/elderabuse>

www.dementia.ie Dementia Services Information & Development Centre - National Centre for Excellence in dementia. Services include research, education, training and printed resources. Call: 01 4162035

www.informationhub.ie The Information Hub, Genio. This site contains a comprehensive up to date selection of dementia resources.



www.familycarers.ie Family Carers Ireland Careline 1800 240724

www.citizensinformation.ie Public Service Information for Ireland Call: 0761 07 4000

<http://www.thirdageireland.ie/sage> Support and Advocacy Service for Older people Call: 01 5367330

Third Age Senior Helpline: 1850 440 444

www.assistireland.ie This site contains information on daily living aids, mobility aids and assistive technology. Call: 0761 07 9200.

www.hellobrain.eu Easy to understand scientific information about brain health

www.healthinfo.ie Healthy lifestyle information from Health Promotion Ireland, HSE

www.samaritans.org Samaritans provides 24-hour emotional support for people in distress.

Call: 116 123

www.iacp.ie - Irish Association for Counselling and Psychotherapy Call: 01 2303536

www.thinkahead.ie A guide for members of the public in discussing and recording their preferences in the event of emergency, serious illness or death.

www.hospicefoundation.ie Irish Hospice Foundation Call: 01 6793188