



ADVANCED DEMENTIA SUPPORT TEAM

OBSERVATIONAL MAPPING: A general overview

This information summarises the Advanced Dementia Support Team observational mapping provision. Please take time to read about what is involved, how it is used. Following observation, we will work with the care team to develop an action plan.

Please bring any further questions you have to Jenny Casson.

### THE BACKGROUND TO OUR OBSERVATIONAL MAPPING

Our observational work is based on Dementia Care Mapping and aligns to the work of psychologists Tom Kitwood and Kathleen Bredin at the University of Bradford. The observational work looks at the care of people with dementia from the viewpoint of the person with dementia.

It is underpinned by person-centred dementia care. Observation looks objectively at the wellbeing of the person. Wellbeing is dependent on multiple aspects of the person in dementia; their neurological state, their physical health, their personality, their interactions with people around them and the setting or environment they are in. Observational mapping helps us to learn and understand more about these aspects the person, and how we can shape care to support them.

### THE PURPOSE OF OUR OBSERVATIONAL MAPPING

- 1) To support the assessment of an individual's needs
- 2) To inform the development of care by providing cycles of mapping
- 3) To identify training needs and staff development
- 4) For quality assurance

### OUR OBSERVATIONAL MAPPING PROCESS

The ADST team member will meet with the home to discuss mapping and gain consent from the home and the person to be observed or their advocate.

One or two trained mappers will sit in public areas in the home; i.e the lounge or dining room, for an agreed time. The mapper will observe what happens in a typical day and record observations using codes for behaviour, mood and staff interaction.

At the end of the mapping session, the results are analysed and fed-back to the care team and an action plan is developed.

## COMMON QUESTIONS

### WHO?

#### *Who is being observed?*

The focus of our mapping is on the person with dementia and their experience rather than the care staff or visitors. Mapping records how people with dementia are responding and reacting to the environment in which they are in.

### WHERE?

#### *Where does the observation take place?*

Mapping is only carried out in public areas. It is strictly forbidden to observe in private areas

### HOW?

#### *Do I need to do anything special when mapping is taking place?*

Mapping aims to capture the typical day of the person with dementia. It is important that mapping does not interfere with the normal daily routine and that staff carry out their work as if the mapper were not there.

Can I talk to mappers while they are mapping?

Yes. Mappers will find it difficult to discuss what they are doing in the middle of an observation because they are recording a code every 5 minutes. However, you may discuss the mapping with them as they are doing it, or perhaps save a longer conversation for a break or at the end of the mapping session.

### WHAT?

#### *What happens to the results and the report?*

The results of the mapping exercise are jointly owned between the mappers and those directly responsible for care staff in the place being mapped. Any other people who will see the results must be agreed between the owners before this happens. The results inform a discussion and action planning.

#### *What about confidentiality?*

Consent of the person or advocate is essential for an observational exercise. All reports are retained as confidential and identifiable information is only shared with the direct care team and family where relevant. The Names of care staff are not included at any time during the process.

#### *What if I am still worried about this?*

We appreciate there is a lot of information to take on board here. If you still have questions, or are feeling worried about this and want to talk about it, the mapper will make time to listen.

### Contact:

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