

Training Facilitator Guidance

FILM 2 Does this person have a dementia? Opening / Framing Questions (before the film)

1. What assumptions do we often make about what dementia “looks like”?
2. Why do you think it can be difficult—or even impossible—to tell if someone is living with dementia just by looking at them?
3. When we reflect on Dr Jennifer Bute’s initial struggles, how might her situation feel if you were at work and beginning to struggle with remembering your colleagues?
4. What sort of impact could a dementia diagnosis have on one someone if they were diagnosed young and had to leave work (discuss financial, social , emotional, family dynamics)
5. Tina talks about how you can feel when you are momentarily disoriented on holiday. What did you think/feel when she asked you to imagine if your brain wouldn’t go into gear and you continued to feel disorientated?
6. How might someone with dementia feel when they can’t find the words or follow a conversation?
7. How did hearing real stories from residents and carers affect your understanding of dementia?
8. What has this film taught you about seeing the person behind the diagnosis?
9. In one sentence, what does compassionate dementia care mean now?
10. What further learning or support would help you continue developing these skills?

FILM 3 Family and friends

1. When a person moves into a care home, what may their family and friends handing over emotionally, not just practically?
2. What feelings might a family member carry into a visit—even if they don’t say anything?
3. What does losing the role of “main carer” mean for someone’s identity?
4. Why can placing a family or friend in a care home feel traumatic, even when it’s the right decision?
5. What might make a visit feel “rubbish” or distressing for a family member?
6. What small things could staff do to help families feel supported before they leave a visit?
7. How might families worry about being judged by staff and how can we actively counter that?
8. Why is family knowledge about a person’s past so important to good care today?
9. If conversation is difficult, how can “just being there” still matter?
10. From a family member’s point of view, what does good care really look like?

FILM 4 What do I say?

1. Why is it important to introduce yourself every time you work with a resident, even if you see them every day?
2. How might failing to introduce yourself increase confusion or anxiety for someone living with dementia?
3. What difference does it make when you connect with a person first (a compliment, noticing something about them) before starting a task?
4. How can noise, pace, and too much information make communication harder for someone with dementia?
5. What happens when we give information in the wrong order or say too much at once?
6. Why are short, clear sentences often more effective than asking lots of questions?
7. When someone is distressed or confused, how can being a “caring detective” help you understand what they really need?
8. How do you decide whether to gently bring someone back to the present or to go along with their reality?
9. Why is using a person’s life history (family, work, routines) so powerful in supporting reassurance and trust?
10. What makes a “good goodbye” for someone with dementia, and how can the way we leave affect how they feel afterward?

FILM 5 What do I do?

1. Why is seeking permission still essential in dementia care, even when communication is impaired? Have you experienced a difference when you have or haven’t sought permission?
2. How might our badges, clothing, body position, or closeness be experienced from the resident’s point of view? Do you have experience of this?
3. What difference does it make to approach someone visually first, then with words, and only then with touch?
4. How have you felt when someone is getting too close, leaning in, or talking too fast? Has it felt overwhelming rather than reassuring?
5. What signs might tell you a resident is feeling intruded upon or needs clearer boundaries?
6. When a resident says they want to “go home,” what unmet need might they actually be expressing?
7. How can acknowledging distress (“You’re right, this feels wrong”) reduce escalation more effectively than correcting facts?
8. Why is noticing and responding to early cues so important in preventing distress or challenging behaviour?

9. How do hallucinations, misperceptions, and long-term memories differ and why does that matter for how we respond?
10. What is one thing you could change in how you approach, speak to, or position yourself that would show greater empathy and respect?

FILM 6 Responding to distress

As you reflect, focus on what you noticed — not who you blame.

1. Why was it important that this film showed care in “real life”, including moments that didn’t go well?
2. What did the film highlight about the difference between being wise after an event and being aware as situations develop?
3. How does understanding a person’s life story help make sense of behaviours that might otherwise feel confusing or challenging?
4. When someone is “in a different time zone,” why can confronting them with reality increase distress rather than reduce it?
5. In the interaction with Ro, what impact did judgement and assumptions have on the dynamic between resident and staff member?
6. How might fact-finding, curiosity, and slowing down have changed the outcome in that situation?
7. In Malcolm’s situation, how did fear lead to frustration and then anger and what signs were missed early on?
8. What specific communication skills helped de-escalate the situation when Isla arrived?
9. How does safety, empathy, and understanding a person’s reality need to be balanced in moments of high distress?
10. What does “being open, honest, and willing to reflect on mistakes” say about the culture of care we want to create?

FILM 7 Supporting eating and drinking

1. What did the film highlight about how busy dining rooms can unintentionally make eating and drinking harder for people living with dementia?
2. How can offering too many spoken choices at mealtimes become overwhelming and what alternatives were suggested in the film?
3. What difference do visual cues (pictures, labels, showing food) make when supporting someone to choose what they want to eat? How could you go about providing this?
4. When you notice someone sitting with food in front of them but not eating, what might you now consider that they need before assuming they need to be fully assisted?

5. What are the risks of supporting someone all the way through a meal instead of helping them stay as independent as possible? Has this new knowledge changed the way you may do things?
6. Thinking about what you saw and heard in the film, how can: where you sit, which side you approach from and how you position yourself, affect a person's ability to eat and drink?
7. Why is contrast, colour, and layout on the table so important and how can small changes make a big difference?
8. How can adapting cutlery, food textures, or allowing finger foods help maintain dignity and success at mealtimes? Have you seen this being helpful to anyone you care for? If not, how it could work?
9. What does a positive mealtime experience look like, and how does enjoyment link to nutrition, hydration, and wellbeing?
10. What small change you could make tomorrow that would improve someone's mealtime experience?

FILM 8 Supporting complexities

1. Where do you see the balance between respecting Nora's independence and managing her safety, and who should be involved in those decisions?
2. After seeing Nora fall, what matters most in the immediate response from carers?
3. What signs of frailty do you notice in Nora, and how do these differ from dementia-related changes?
4. Have you experienced a situation where family members' views differ, and how can carers support families experiencing role reversal?
5. Why does being alone overnight increase risk, and what proportionate steps do you think could reduce that risk without removing choice?
6. What language or approaches in the film helped encourage engagement without pressure?
7. How does breaking tasks into small steps help preserve dignity and independence?
8. How can carers continue to offer meaningful choices when someone lacks capacity for some decisions?
9. What value do "what matters" conversations and care plans add before a crisis occurs?
10. How does knowing how someone prefers to be comforted change the way we respond to distress?

FILM 9 Meaningful engagement

When answering these questions think about what you do now and ways in which you think that helps, and if there are new things you may try.

1. How does the video challenge assumptions about what “activity” means for a person living with dementia?
2. What risks do we run if we assume we know what someone will enjoy, rather than finding out from them or their family?
3. What did the eye-tracking footage show about how people with dementia take in information, and how should that change our approach?
4. Where in your day-to-day practice might you need to slow down to better match someone’s pace?
5. What does the film teach us about the experience of quieter residents, and how can we avoid overlooking them?
6. How can everyday “doing” (choosing a mug, helping with a task) support identity and wellbeing?
7. What signs might tell you someone is overwhelmed, and how can you help them find a calmer space?
8. How can familiar routines or sensory experiences reduce anxiety, even when skills are lost?
9. What did you notice about how music was used to support movement, connection and reassurance?
10. If people remember how we made them feel more than what we did, what should that mean for how we show up as carers?

FILM 10 Resilience for carers

1. What specific challenges of night shifts stood out to you in the film, and how do these affect both residents and carers?
2. What signs did carers notice that helped them understand what a resident was experiencing before words were used?
3. How did Tanvir respond when Kit wanted to go home at 2am, and why was entering her reality helpful in that moment?
4. When time is limited and jobs are piling up, how can we remind ourselves that we are supporting a person, not just completing tasks?
5. What non-verbal signs of pain were shown in the video and how might these present differently from person to person?
6. How did carers respond when medication and usual strategies didn’t relieve Hillary’s distress and what alternatives were explored?
7. Why can saying “I’m sorry, I’m trying everything I can” be more reassuring than explaining what can’t be done especially when energy is low?

8. What examples did you see of carers involving colleagues or nurses and how did this help both the resident and the carer?
9. What messages did the film give about self-care, resilience and not “pouring from an empty cup”?
10. How can sharing observations between shifts and reflecting together improve care for residents who are distressed or in pain at night?