Dementia Care Mapping: A general overview

Please take time to read this information. It outlines what Dementia Care Mapping (DCM) is and how it is used. Please direct any questions you may have to a trained mapper who will be able to advise and assist you.

Background of DCM

Psychologists Tom Kitwood and Kathleen Bredin at the University of Bradford developed DCM in the early 1990’s. They designed an observational tool that looked at the care of people with dementia from the viewpoint of the person with dementia. These results can assist with the development of person-centred care.

The method itself draws on a value base of respecting personhood. It is possible that people with dementia, despite their disabilities, can experience a sense of well-being. For well-being to occur, care and attention must be focused on the uniqueness of the person, their tastes and abilities and their choices. Crucial to the method is the belief that the social world that surrounds the person can have a positive or negative effect on well-being. DCM can help us to understand this world more clearly and assist us to develop care that is person-centred.

Well-being in dementia is viewed as a complex interaction of a person’s neurological state, their physical health, their personality, social world and background. DCM helps us to understand and learn more about these and helps us to plan our care.

The uses of DCM

DCM can be used in a number of ways:

1. Assessment;
2. Development of care by repeated cycles of mapping;
3. Identification of training needs and staff development;
4. Quality assurance;
5. Research.

DCM is not unique to the United Kingdom. It is currently used across the globe. There are many different countries in which it is well established.
The process of DCM

DCM is an observational tool that is only used in ‘public’ areas of care environments. It usually involves one or two trained mappers sitting in areas such as a lounge or dining area and observing what happens to people with dementia over the course of a typical day. At the end of a period of observation the results are analysed and fed-back to the care team so that care can be developed.

Common questions

Do I need to do anything ‘special’ when mapping is taking place?
No – mapping aims to capture what life is like for the person with dementia on a typical day. Care staff carry out their work as normal and DCM should not interfere with this.

Who is being observed?
The focus of mapping is on the person with dementia and their experience rather than care staff or visitors. DCM tries to highlight the experience from their point of view. What is recorded is how people with dementia are responding and reacting to the environment in which they find themselves.

Will names be mentioned in feedback?
No – DCM tries to capture the social environment that surrounds the person with dementia. Names of care staff are not included at any time during the process. Names of service users are removed from any report that is seen by anyone other than the direct care team.

Who sees the results?
The results of any mapping are owned jointly between the mappers and those directly responsible for care staff in the place being mapped. No-one else is allowed to see the results unless this is agreed by the staff team.

Can I talk to the mappers while they are mapping?
Yes – absolutely. You are encouraged to discuss what mappers are doing and if you have time it is sometimes good to sit and observe with the mappers. Mappers may find it difficult to discuss things at length while they are in the middle of an observation period. I may be better to discuss things with them during their breaks.

What about toilets, bedrooms and bathrooms?
Mapping is only carried out in public areas. Mapping in areas where sensitive care practice is undertaken is strictly forbidden.

I am still feeling anxious about this – what can I do?
Talk to an experienced mapper who will discuss things with you. This is lots of information around to help you to understand this. Alternatively you can contact XXXXXXXXXXX

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