



# An Evaluation of the Material Citizenship™ Approach to Dementia Care and Training

## RESEARCH

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## ABSTRACT

**Context:** People living with a dementia are an increasing proportion of those residing in long term care settings. A person-centred approach is widely accepted practice for this group, but there is evidence that this is not universally applied. Material Citizenship™ is a novel delivery of person-centred dementia care and training which promotes the importance of functional objects to enhance choice, control and agency.

**Objective:** This evaluation of Material Citizenship™ assessed mode of training delivery, perceived impact of the training on care delivery, and implementation challenges.

**Methods:** The programme was implemented in four care homes in the United Kingdom. Semi-structured interviews were conducted with staff participating in the training. A thematic analysis was undertaken.

**Findings:** There was evidence of increased inclusion of functional objects in the lives of residents, through involvement of residents in everyday tasks, of facilitation of hobbies and interests, and increased choice of functional objects in care. There was evidence of a shift to more positive risk taking. Key factors contributing to implementation were the interactive method of training, a whole-system approach to delivery, and the approach to risk. Inclusion of the approach in documentation and care planning remained a challenge.

**Limitations:** There was no quantitative assessment of the impact on residents. The number of interviews conducted in two of the care homes was small.

**Implications:** Material Citizenship™ is a promising approach to dementia care, which contributes to the delivery of person-centred care. Further evaluation is required to confirm the benefits of the approach for residents, staff, and organisations.

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## INTRODUCTION

Around 80% of people living in care homes in the United Kingdom (UK) have a dementia (SCIE, 2020). The dominant practice in dementia care is the person-centred approach, which involves tailoring a person's care to their interests, abilities, history, and personality (Alzheimer's Society, 2023; Chenoweth et al., 2009; Edvardsson, Winblad and Sandman, 2008; Manthorpe and Samsi, 2016; McCormack et al., 2012; THF, 2016). Person-centred care (PCC) has become an indicator of high-quality care in long-term care facilities in the UK (NICE, 2018), the United States (AGS, 2016) and globally (WHO, 2017). However, there is evidence that the care delivered to people living with a dementia in a care home setting may be far from person-centred (Brooker and Latham, 2016; Killett et al., 2016; Manthorpe and Samsi, 2016). Furthermore, there is ambiguity over what the term person-centred really means in practice (Wilberforce et al., 2017).

A complex range of factors influence the person-centred nature of care home services. Care may be less person-centred as a consequence of the necessary loss of personal possessions when relocating to a care home (Kroger and Adair, 2008). Moreover, people find themselves having to adjust their day-to-day routines and activities to fit the task-orientated routine of care home life (Luff et al., 2011). These adjustments can be barriers for residents to reach their optimal performance (Van't Leven and Jonsson, 2002) and, in turn, care which is not person-centred. In addition, perception of risk effectively caps what can happen in a care home, with decision making often becoming a grey area for relatives and care home staff. Conflict can arise between trying to promote autonomy for residents while ensuring health and well-being is not compromised (Evans et al., 2018; Whitlatch and Menne, 2009). It has long been argued that there are few areas that are more complex and contended than the management of risk in dementia care, and whilst some risks are explicit and tangible, others are less obvious (Clarke et al., 2009).

Material Citizenship™ is a novel approach to dementia care which identifies functional objects as a critical element of PCC. Here, functional objects are defined as 'any inanimate item which a person can use to carry out a task' (Lee and Bartlett, 2021, p. 1472). These are items that are used frequently as part of routines, such as cooking utensils, cleaning equipment, beauty items (such as hair dryers), and technological items such as a mobile phone. Material Citizenship™ was developed from a doctoral study (Lee, 2019) which found that people living with a dementia in a long-term care setting were often excluded from decision making about personal possessions, lacked choice and control over their belongings, and were discouraged from engaging in interactions with functional objects. Staff were fearful of allowing residents access to objects, due to risk of harm or blame. Staff lacked confidence when caring

for a person living with a dementia, often only receiving mandatory dementia training that many found lacking in relevance or usefulness (Lee and Bartlett, 2021). However, staff began to change the way they thought about objects following participation in the study. Staff perceived the negative emotions they might feel if their own objects were absent. Furthermore, the staff identified how they would react, noting that their reaction would be one they would consider challenging behaviour in a person living with dementia. As a result of this reflective practice, care practice began to change; new functional objects began to appear in the care home, and people living with dementia were encouraged to take part in household activities such as filling a dishwasher, or making their own breakfast, tasks that had previously been viewed as too risky.

Material Citizenship™ is defined as 'the right to be included in decision-making relating to personal possessions and the right to have opportunities to use functional objects to perform everyday tasks' (Lee and Bartlett, 2021, p. 1481). The approach emphasises the importance of object-person relationships, how they can support a person through a significant life transition and support agency. Material Citizenship™ is an applied version of social citizenship theory, which argues that people living with dementia should have the same opportunities to take part in life as anyone else and are free from discrimination and marginalisation (Bartlett and O'Connor, 2010, p.37). Material Citizenship™ focuses on daily interactions, often carried out with taken-for-granted objects, objects that enable people to live the life they want to live, to help maintain personal routines and rituals and thus enable a person to maintain and express their identity (Lee and Bartlett, 2021).

The Material Citizenship™ framework has been used to inform the co-development of a training programme. This paper reports an evaluation of the training programme, undertaken in four English care homes. The aims of the evaluation were:

- To assess whether the training provided adequate understanding of Material Citizenship™ and confidence to apply it in practice.
- To assess the mode of training delivery.
- To gather qualitative description of changes to care delivery in terms of support for use of functional objects in the everyday lives of residents.
- To assess implementation challenges.

## METHODS

### THE MATERIAL CITIZENSHIP™ TRAINING PROGRAMME

The Material Citizenship™ training programme was co-produced in 2020 with staff from one of the participating care homes. The training approach was based on David Klob's four-step Experiential Learning Cycle (McCarthy,

2016). This utilised staff experiences in the training room and gave staff opportunities to reflect on the practices in their own care home. All staff were invited to attend, regardless of their job title.

The training was delivered through an online platform (due to COVID-19 restrictions), over two half-day sessions set four weeks apart. The first session introduced participants to the concept of Material Citizenship™ using videos, group work, and individual activities. For example, participants were asked to think about the functional objects that were important to them, which ones they would need to have in everyday life, how they would feel without them, and what their feelings/behaviour might look like if these objects were absent. This enabled staff to walk in their residents' shoes. In addition, participants were given scenarios describing 'residents' acting in a certain way. They were asked to discuss what they thought was going on for the person and how they might apply Material Citizenship™ in such a case. To end the session, participants were invited to apply the approach in their own workplace and to report back at the second session.

The second session explored participants' experiences of implementing Material Citizenship™, including what had or had not worked well. Staff explored how to document evidence of Material Citizenship™ and its impact in care records, and how information could be shared both internally and externally with other staff members, external health organisations, and regulators.

## DATA COLLECTION

This is a qualitative evaluation of the Material Citizenship™ training programme across four care homes. All staff ( $n = 41$ ) who participated in the training were invited to take part in a semi-structured interview. The interview was conducted via Microsoft Teams, and those who agreed provided written consent in advance. Interviews took place within three months of the training (between May and August 2021). The interviews were audio recorded and transcribed. Interviews ranged from between 20 and 46 minutes (range 35 minutes) long.

## ANALYSIS

Data analysis was both deductive and inductive, informed by the aims of the evaluation, but also allowing for the participant voice. A thematic analysis approach was taken (Braun and Clarke, 2006). The researcher (JF) first familiarised themselves with the data and undertook open coding. Data within codes were used to describe and summarise the topics of interest: reactions to the training, impact of the training on care delivery, and implementation challenges. Code summaries and interpretations were discussed with the other authors in data meetings.

## ETHICS

The study received ethical approval from the University of Southampton Ethics Committee (reference 54289).

# RESULTS

## SAMPLE AND SETTING

A total of 23 interviews were conducted and analysed. Twenty-one of the respondents were female. The sample included all three staff role types involved in the training (see Table 1).

## REACTION TO THE TRAINING PROGRAMME

Responses to the training were positive, with staff finding it enjoyable, interesting, easy to understand, and useful. Interactive activities were most favoured, being valued for sharing ideas and ease of engagement. Several participants appreciated the use of real rather than simulated case studies, thus relating directly to their own practice. These interactive activities were thought-provoking, helped participants to empathise with residents and prompted reflection of current practice, which it was felt could be more person-centred.

*I think it made us realise that actually we sometimes do that [take objects away from residents] without even realising we're doing it, particularly in day-to-day care work, and I think it made us all think about we really need to pay a lot of attention to this, it's not just a small thing, it's massive and can have a massive impact on somebody's emotional well-being. (Interview 16, Lead)*

Other, less interactive aspects of training were not so readily recalled by participants. However, several mentioned the value of the animated video for understanding in advance what the training was about, with potential use to promote understanding within their networks, for instance with the wider team, care home management, family members, and wider society. While some felt they would have preferred face-to-face training, all felt that online training was acceptable.

## UNDERSTANDING OF AND CONFIDENCE TO DELIVER MATERIAL CITIZENSHIP™

Participants' understanding of Material Citizenship™ was most commonly described as supporting residents to do

	MANAGERS	COMMUNITY/ HOSPITALITY/ LIFESTYLE LEAD	CARE STAFF	TOTAL
Site 1	1	0	2	3
Site 2	1	0	1	2
Site 3	4	3	4	11
Site 4	4	2	1	7
Total	10	5	8	23

Table 1 Interview Completion By Site.

what they used to do, as well as recognising resident's preferences, and making an experience from an object.

*It's about people being able to use their own personal items and normal everyday household items as if they were living at home, still being fully independent, and what that means to them as people. (Interview 23, Lead)*

Participants perceived several benefits of a Material Citizenship™ approach for residents, including increased independence and control, comfort, reassurance and well-being, and evoking positive memories of the past. These benefits were recognised as sometimes helpful in evading 'challenging behaviours'. Material Citizenship™ was also considered helpful for facilitating the move into the care home, through familiar objects that residents bring with them. Several participants recognised the role of Material Citizenship™ in maintaining resident's identity.

*It's about material things, ownership of things. Your things that are you, that describe you as a person. It's how material objects can define you, and how important they are for you to maintain your identity, and to perform everyday tasks. (Interview 23, Lead)*

There were also perceived benefits reported for staff, some participants describing how they found implementation of Material Citizenship™ to be rewarding, leading to added motivation and job satisfaction.

*It makes me want to come to work, it makes me want to motivate the team, it makes me want to look at how we can make our residents' life full. (Interview 25, Manager)*

For some, this was a new way to think about implementing care, whereas others felt they were already applying Material Citizenship™ in their care. For the latter, the training was still helpful in providing a full understanding of the importance of functional objects, and in prompting staff at all levels to be more mindful of the importance of functional objects within care. Staff from two sites felt the training was confirmatory of their practice, it had reinforced that what they were doing was right and over and above standard approaches. Participants also felt Material Citizenship™ could support them in delivering outstanding care.

*It helps me focus more on the individual, it helps be less risk-averse, it can help create a really nice enabling environment, rather than a disabling environment, gosh, all sorts of reasons, yeah, and not just outstanding from a compliance perspective, I think ... from the resident's*

*perspective, you know, if I was experiencing outstanding care, I would want to be doing the things that I love to do, you know, that's for me what makes outstanding care. (Interview 16, Manager)*

Some staff reported feeling more confident to challenge colleagues in their practice, to talk to family members about the importance of functional objects and to justify their approach to review bodies. This was, in part, related to having an evidence base to draw from which helped staff to articulate the importance of objects in quality of life.

*I think it makes it a lot easier for me to put across to other people that maybe don't think like that [about functional objects], because I have like a proven backup thing to say, 'Well look!' If it's just your thoughts, someone can go, 'Oh whatever' but if it's like a proven thing, and a study, and something that's proved to work, I think it's a lot easier to tell other people about it. (Interview 3, Carer)*

## IMPLEMENTATION OF MATERIAL CITIZENSHIP™ IN PRACTICE

There were many reported examples of Material Citizenship™ being implemented in the participating care homes, incidents of thoughtful inclusion of functional objects in the everyday lives of residents. These are categorised here as examples of facilitation of: involvement in activities of daily living; hobbies and interests; choice in aspects of care; the transition into the care home as well as recognising and maintaining routines; and including functional objects in care planning.

There appeared to be differences across the sites in the number and type of examples of care being influenced by Material Citizenship™. In particular, Site Two gave fewer examples of Material Citizenship™ in practice, and no examples of facilitation of interests and desires. However, only two interviews were conducted at this site, so it is difficult to draw conclusions about the extent of implementation here.

Participants at Sites 1, 3, and 4 described how they facilitated the involvement of residents in daily chores, such as washing up and laying tables. This was sometimes because they knew residents enjoyed this activity but was also used as a distraction when residents were agitated.

*Now just doing this training I wouldn't even think twice, like now after lunch, get the gloves out, she starts washing everything up, and again, straight away that's like half an hour's gone and her*

*mood's a lot more positive, she feels like she's done something (Interview 31, Carer)*

Several participants (Sites 1, 2, and 3) also talked about facilitating the choice of objects within activities of daily living. This included allowing choice in using a wheelchair or frame, encouragement to choose a preferred health/beauty product, choice to leave a room in an untidy state, and choice to shave despite concern about possible skin issues.

There were several examples (Sites 1, 3, and 4) of facilitating the hobbies and interests of residents. This included encouragement for interested residents to get involved with activities happening around the home, such as gardening, painting and crosswords, but also the initiation of a resident's preferred activity. For example, staff from one home were planning to encourage a woman with dementia to re-engage with photography, with a view to inviting people to an exhibition of her work; another facilitated someone with a keen interest in football to have a kickabout; at a third care home, a hospitality manager purchased Alexa devices so that residents could request the music they wanted to listen to.

*We want to start encouraging her, to reintroduce her to the camera so she can take photos. She's got a printer in her room to print her own pictures. So that's something which we know, it was really meaningful to her, she's done a photography course in the past... So, we want to encourage her to do activities more, using the camera. With a look to do her own little photography exhibition. (Interview 23, Lead)*

Several participants (Sites 1, 2 and 3) relayed how Material Citizenship™ training had helped them to recognise and maintain residents' routines.

*I found instead of coming out in the afternoon and sitting with other residents, she [the carer's resident] likes to go back to her bedroom, sit in her armchair and she likes to have Classic FM on her radio and then she will just be relaxed. (Interview 19, Carer)*

There was one example (Site 3) of a focus on functional objects within a care planning process. A conversation with a resident led to a plan detailing what functional objects were needed and how they should be used. The participant likens the process to a prescription, for well-being rather than for medication.

*I actually went in and had a fantastic conversation with this person, and I could feel myself linking those items, and when I did a feedback email I actually, you know, set it out with, 'Right, these are the items that need to be provided, this is what we need to be doing' and then you thought to*

*yourself, "That is all linking back to this Material Citizenship and it's almost a prescription". You think about a prescription of medication, don't you, but actually this is a prescription of things, items within somebody's life that's going to make their well-being better, hopefully, and I think that's just as important as when we're thinking about medication for an individual. (Interview 17, Manager)*

Two interviewees (Sites 2 and 3) gave examples of facilitating the transition to the care home by encouraging residents and their family members to think of functional objects and things to make a room homely. They felt they were able to have a discussion with the residents and their family about why these objects are important.

*So, I said, 'we have to think about creating this room because he's home and we want him to be comfortable in the home that he lives, to have objects familiar to him to be, yeah, to be comfortable'. (Interview 7, Manager)*

## IMPLEMENTATION ENABLERS AND CHALLENGES

While a range of staff types were involved in the training, only a proportion of staff at any site took part. This might explain why the most frequently identified barrier to the implementation of the training (mentioned by staff at sites 1, 3, and 4), was not having all members of the team on board. While some argued for the need to provide training for more staff, others recognised their own role in spreading and embedding the training. There was evidence of both managers and carers challenging practices that did not embrace Material Citizenship™. Some managers described how they were recognising the needs of team members who had not taken part in the training, and two described increased confidence in leading and motivating their team. However, at one site there was anecdotal evidence from the Material Citizenship™ trainers that management were not actively involved in supporting Material Citizenship™ in the home. Managers at two sites considered Material Citizenship™ as a useful toolkit for staff.

*It's helped quite a lot because what I try and do in my role is I try and give the teams the biggest tool bag of stuff that they could possibly draw from, so Material Citizenship™ is another tool to put in that bag. (Interview 16, Manager)*

Task orientation and lack of time were also mentioned barriers. One participant noted the additional time needed to provide individual attention to residents. Another noted severe staffing issues at the time of implementation of Material Citizenship™. Three of the managers/care leads



recognised how care work was very task-oriented, with one of them recognising the need to give permission to staff to take time to involve residents in tasks.

*I think here as a team, they need to almost learn that they can take this time to interact, it hasn't always got to be task, task, task (Interview 17, Manager)*

A small number of staff at three of the homes felt that there was sometimes a lack of resident engagement with activity and use of functional objects, and a lack of understanding among family members.

*You get like residents saying, 'I can't do that', 'Well, let's just try', 'Oh, I can't do that', 'Well, let's try and then you can say you can't do that'. (Interview 35, Manager)*

The training emphasised the importance of documentation to evidence Material Citizenship™, and some participants recognised the importance of this for communicating information about a resident to other team members. There were reports of changes to documentation practices from people in different roles, including carers, managers, and hospitality staff. Several mentioned a change in awareness of the importance of documentation, and of the need to record the smaller interactions as well as the more significant ones. In addition, participants at three of the sites (2, 3, and 4) mentioned ensuring Material Citizenship™ was included in care plans. However, the documentation process was often seen as problematic to fit into a busy day, and it seemed there was still room for improvement in practice. Several care staff found the training content on documentation more difficult to understand, as they did not have experience of this aspect of care work.

*And for the care team, I think it's exactly the same thing as well, you know, they have that meaningful moment, but then something gets their attention, and then something else gets their attention, and then by the time they remember, it's like two o'clock in the morning and you can still document it, but kind of the moment's gone after that. So, I think that's our biggest hurdle, it's something that we need to work on. (Interview 38; Manager)*

A fundamental part of the training is an exploration of identity and how risk-averse behaviour can reduce or remove a resident's ability to demonstrate who they are and how they would like to live. The perception of risk was identified as both a barrier and facilitator of Material Citizenship™. Risk aversion was mentioned as a potential barrier by one or two participants at three of the sites, with recognition of the generally risk-averse nature

of caring, concern about possible scrutiny of adverse events, and the need to address family concerns about safety. However, following the training, there appeared to be a shift to less risk aversion and more positive risk assessment at three of the sites. Staff at these sites talked about changes in their considerations of risks when residents used functional objects. This is illustrated in the interview below regarding a resident's use of a razor.

*We have a lady here who has the start of dementia and she's absolutely paranoid about having hair on her face. She will sit on a daily basis with an electric razor and shave her face, which obviously naturally makes her face sore because of doing it repetitively. I saw her the other day and she said, 'Oh, they've taken it off of me'. I said, 'What's that?', and she said, 'My razor'. I went and spoke to the member of staff, and I said, 'Where is her razor?', and she said, 'We've put it in the cupboard because she's made her face really sore'. I was like, 'Okay, I appreciate that, but she knows she's making her face sore, and she still wants to do it. Maybe we should support her to put cream on afterwards, or maybe it's the habit of doing it, so you can get those facial rollers, can't you? There's more we can do than just saying to someone, "No, we're taking that away from you", because she maybe doesn't understand why we are'. Obviously, I might not have thought like that if I hadn't had that training, because she was doing it to keep her safe, whereas because I've had the training, it was a bit like, actually, we can facilitate this, we can do more to support her to do it. (Interview 2, Manager)*

Material Citizenship™ also gave staff confidence to defend positive risk taking in their practice more broadly. In the following quote, a carer describes how she consequently felt confident to argue for a care practice which involved a level of risk, but also allowed a resident to have more independence.

*I think if I'd had that conversation with [my manager] before [the training], I'd have been like, oh my god, yeah, they're really going to have us for that, but then I quite confidently was sort of like, we've done everything we can to eliminate the risk, there's nothing else we can do. We've tried to have a conversation with her, she still wants to get up and go to the toilet on her own. We've put the sensor mat in place so we get there as soon as we can, there's nothing else that we can do. And I'd quite happily sit there and have a conversation about that with a CQC [Care Quality Commission, UK regulatory body] inspector. Whereas before, I probably would have been a bit like, oh god, we should be doing more. (Interview 5, Carer)*

Managers from two of the homes (Sites 3 and 4) spoke about processes to embed the practice of Material Citizenship™ within their teams/care homes. Several talked about leading by example and including Material Citizenship™ in their induction processes. One wanted to create a community of excellence across two care homes before spreading to other homes within their group. One spoke of the value of having a team of people to drive the practice, and the need to embed the practice in the care plan. Another manager valued continual support and mentorship from the Material Citizenship™ team.

*For me, it's just a case of really getting it into the care plan in a structured way that, yeah, that makes sense to people and it's [a] SMART [goal], like people actually use it, it's not something just put in there and left alone, it's something that's going to be used. (Interview 38, Manager)*

## DISCUSSION

Material Citizenship™ is a new way of delivering and evidencing PCC in care homes by emphasising access to and use of functional objects to promote citizenship and identity (Lee and Bartlett, 2021). This paper has presented an evaluation of the Material Citizenship™ training programme; to assess whether the training provided adequate understanding and confidence to deliver Material Citizenship™; to assess the mode of training delivery; to gather qualitative description of the impact of the training on care delivery; and to assess implementation challenges.

Material Citizenship™ was implemented in the consenting care homes over the three-month evaluation period following training. There was evidence of increased understanding by staff of the importance of objects in delivering quality care, and of facilitation of access to objects for residents through positive risk assessment. There was less evidence of the inclusion of functional objects in care planning and documentation. While there was evidence of Material Citizenship™ informing care, there appeared to be variation in the nature and the extent of implementation across the sites. In three of the sites, in addition to the frequent involvement of residents in everyday activities they enjoyed, there were examples of staff working to identify residents' interests and then actively looking for ways to bring these to residents within the home. In one of the sites, there were fewer examples of implementation, and these were focused more on offering a choice in care, recognising and maintaining routines and facilitating transition into care homes. However, there was a low number of interviews at this site, (only two of the five of those undertaking the training also took part in an interview) and it is not possible to know whether others who took part in the training would have offered more or different examples. There was,

however, knowledge among the Material Citizenship™ trainers delivering training at this site that there were staff shortages and lack of stable management leadership to drive Material Citizenship™ forward.

The evaluation highlighted several factors that appear to have contributed towards the practical implementation of Material Citizenship™, these included an interactive training method, a whole-system approach, and support for positive risk taking.

Investment in learning and skill development for care home staff has been shown to be imperative for the successful implementation of PCC with people living with a dementia (Kim and Park, 2017). It has been suggested that involving community members and care practitioners in the content and design of training could be fruitful, and an interactive method is recommended (Surr et al., 2019). The Material Citizenship™ training was co-produced with care staff and was designed using an experiential learning theory which emphasizes learning through doing and interaction (McCarthy, 2016). Participants in the Material Citizenship™ training particularly valued the interactive nature, which afforded time to reflect on their practices with others in the team, and the use of real-world rather than simulated examples. This facilitated a greater understanding of the role of functional objects in care and how they can impact on resident well-being. In addition, it afforded time to reflect on practices that were taken for granted, allowing teams to see where they were doing well and where they could make improvements. This interaction was successfully delivered despite the move to virtual training necessitated by the COVID-19 pandemic.

PCC requires commitment from the whole organisation, and in particular, management (Fazio et al., 2018). Material Citizenship™ focuses on a whole-system approach, delivering training to people in different staffing roles, including managers and those directly providing care. However, one of the key reported barriers to implementation was not having all staff on board with the programme, although some staff recognised their role in cascading learning to other staff members and in leading and motivating the team. In addition, there appeared to be more success in homes where there was active management involvement in implementation. There was some evidence of staffing problems and lack of management support for implementation in the home where Material Citizenship™ appeared less successful. The need for managerial support is recognised as important for successful implementation (Birken et al., 2018) and leadership was important here in leading by example and in driving cultural change towards less task-oriented and less risk-averse approaches to care.

A number of cultural shifts were indicated in this implementation of Material Citizenship™, the most important being approach to risk. It has been suggested that UK regulatory bodies, such as the Care Quality

Commission and the Department of Health, create a tension between risk minimisation and positive risk taking within the care home setting (Evans *et al.*, 2018). Management of risk within this context is a complex and contested process (Clarke *et al.*, 2011); care staff have to navigate this tension amidst the demands for group living (Miller and Barrie, 2022) and negotiate risk within a context of staffing and environmental limitations (Evans *et al.*, 2018). Furthermore, the construction of risk may differ between relatives, health care professionals, and people living with a dementia (Clarke and Heyman, 1998). Research has confirmed that there is often an ethos of risk aversion within homes, which may limit what is possible in practice (Dickins *et al.*, 2018; Evans *et al.*, 2018; Lawrence *et al.*, 2012). In addition, health professionals who work with people living with dementia tend to focus on physical risk rather than risk to psychological wellbeing (Clarke, 2000; AGS, 2016). This can all have negative consequences for quality of life (Titterton, 2005) and can reduce the ability to provide PCC. There was evidence that the Material Citizenship™ training led to some shift in how risk was perceived and addressed, both within the use of functional objects and within care more broadly, and this was a clear indicator of Material Citizenship™ in practice. The training gave participants the tools to think about risk in a different way, promoting the confidence to allow some degree of risk within activity and to feel able to defend positive risk taking within a Material Citizenship™ approach.

Busyness and lack of time impacted on implementation, both in terms of delivery of care and in documentation of care. This reflects other research into barriers to the delivery of PCC (Lee, Yang and Lee, 2023; Marulappa *et al.*, 2022). Staff may not prioritise aspects of PCC in time-pressured environments (Ludlow *et al.*, 2020). Managers need to balance strategy and day-to-day activities, including staff workload (Birken *et al.*, 2018). In the duration of this study, senior staff at one care home recognised the need to give staff permission to be less task-oriented in order to focus on interaction, but this was not a strong theme across the board. The training aimed to embed Material Citizenship™ within documentation, as a way to promote thinking about functional objects (Lee and Bartlett, 2021), and to evidence high-quality care. This aspect proved challenging, with some changes to the way that teams dealt with documentation, though this aspect did not appear to be well-embedded.

## LIMITATIONS AND FURTHER RESEARCH

This was a qualitative evaluation of early implementation of the Material Citizenship™ training programme. While qualitative examples of changes to care delivery were provided, there was no quantitative assessment of the impact of the training on residents. Further research employing controlled methods would be required to

provide definitive assessment of the effectiveness of Material Citizenship™ on outcomes such as reduction in agitation, improvement in residents' quality of life and on quality of care delivered.

In addition, the interviews took place within three months of the training, and the evaluation therefore only offers a short-term view of changes to care delivery. Research over a longer time frame would shed light on sustainability of the changes and whether refresher training could be helpful.

The number of interviews conducted in two of the care homes was small, making it difficult to know the extent of which the absence of examples of implementation at these sites was related to the individuals interviewed, or to the care home as a whole. In addition, it is unknown whether those who chose not to take part in the interviews held more negative or positive views.

The sites involved in the study felt that they were already delivering care which recognised the importance of functional objects and were recognised as delivering good-quality care by review bodies. Work in sites with different care practices and organisational contexts may lead to different conclusions.

## CONCLUSION

This study has reported staff perspectives on how the Material Citizenship™ training influenced care alongside the factors that facilitated or hindered this. The pilot work has illustrated that the training resulted in care home staff reporting an increase in facilitating residents' involvement in activities of daily living; promoting residents' hobbies and interests; promoting choice in care; maintaining favoured routines; and easing transitions into the care home. A key mechanism for this change was that the Material Citizenship™ model supported care home staff to find a balance between risk and benefit (Croft, 2017). There were different levels of implementation by site, likely due to differences in management support for change, which needs to be strong to sustain the model of care within an organisation. Further evaluation including a comparator would add to our understanding of the benefits of Material Citizenship™ for delivery of care to people with a dementia.

## DATA ACCESSIBILITY STATEMENT

Requests to access the data should be directed to the corresponding author.

## ETHICS AND CONSENT

The study received ethical approval from the University of Southampton Ethics Committee (reference 54289). Respondents gave written consent prior to interview.



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## COMPETING INTERESTS

Kellyn Lee co-produced the Material Citizenship™ training programme while working as a Research Fellow in the School of Health Sciences at the University of Southampton. She is currently CEO and Founder of WISER Health and Social Care who delivers the Material Citizenship™ training.

## AUTHOR CONTRIBUTIONS

JB and KL conceived and designed the study and supported data collection. JF analysed the data and wrote the manuscript, and all authors reviewed and edited the manuscript and approved the final draft for publication.

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