

A PRACTICAL GUIDE TO FUNDAMENTAL CARE FOR PEOPLE WITH DEMENTIA

Introduction

Knowledge and skills, along with your compassion and reasoning, will help you in your work with people with dementia, and their families. By using this NSDA Guide you will be able to identify the range of competencies you need to provide high quality care for a person with dementia.

Dementia is an illness characterized by a group of signs and symptoms caused by the gradual death of brain cells. It is NOT a normal part of ageing.

If someone close to you is suffering from dementia this Guide will show you the competencies they, and you, can expect from everybody in the caring community.

'Better Care for people with Dementia. A Practical Guide' has been developed through workforce consultation.

The Competency Framework is a set of benchmarks, defining the things that people need to be good at if they are to be effective in delivering quality care to people with dementia and their families in all sectors and settings.

Some of the items appear in more than one place. That's because they are important to more than one topic.

Having a quality relationship with the person you are caring for, and their family, gives meaning and purpose to your work. This NSDA Guide provides an outline of the competencies needed to enhance care giving relationships. These relationships are based on seeing each person as unique and respecting differences.

A Competency Framework can only be valid if there are achievable and measurable goals. We also need to be clear about what we mean by competence. The definition of competence that underpins this Framework, and the resultant Guide, is -

"The habitual and judicious use of communication, knowledge, skills, reasoning, emotions, values and reflections to deliver a defined and measurable level of effective care." Norfolk and Suffolk Dementia Alliance 2011

This practical Guide covers the essential competencies, some or all of which, depending on your role, you need to develop when working with a person with dementia and their families. It does not address the general caring competencies needed, such as discharge planning, helping people with their skin care or understanding carers allowances.

In contrast, an example of a special competency for working with someone with dementia would be the ability to communicate with a person who is finding it difficult to make sense of his or her surroundings.

A further and specific example of a special competence involves recognising and managing physical discomfort and pain. This is of course a concern for all persons receiving care. However, when a person has dementia, recognising and managing physical discomfort and pain is of even greater significance since he or she may not be as able to indicate their level of discomfort or pain. The NSDA Guide therefore (see section C) identifies managing physical discomfort and pain as a special concern when caring for individuals with dementia.

Each section of the Guide sets out competencies that are needed when caring for people with dementia and their families.

The NSDA 'Better Dementia Care. A Practical Guide' is based on the Michigan Dementia Coalition, Dementia Competencies Workgroup, (2008). Knowledge and Skills Needed for Dementia Care A Guide for DirectCare Workers, In Everyday Language, www.dementiacoalition.org

Carers, volunteers, registrants, support staff and national occupational standards suggested additions to the Guide to reflect the reality of practice in the UK today. The language used continues to reflect the tone of the Michigan framework and the grouping of competencies uses and augments the UK Skills for Health principles.

The NSDA Dementia Competence Framework is structured under the following headings:

- **IMPROVING YOUR KNOWLEDGE** **A**
- **BEING PERSON CENTRED** **B**
- **CARING INTERACTIONS** **C**
- **COMMUNICATING SENSITIVELY** **D**
- **UNDERSTANDING DISTRESSED BEHAVIOURS** **E**
- **ENRICHING LIVES** **F**
- **SUPPORTING FAMILY MEMBERS AND OTHER CARERS** **G**
- **WORKING AS PART OF MANY TEAMS** **H**
- **CARING FOR YOURSELF** **I**
- **MANAGING, TRAINING AND SUPPORTING THE TEAMS** **J**

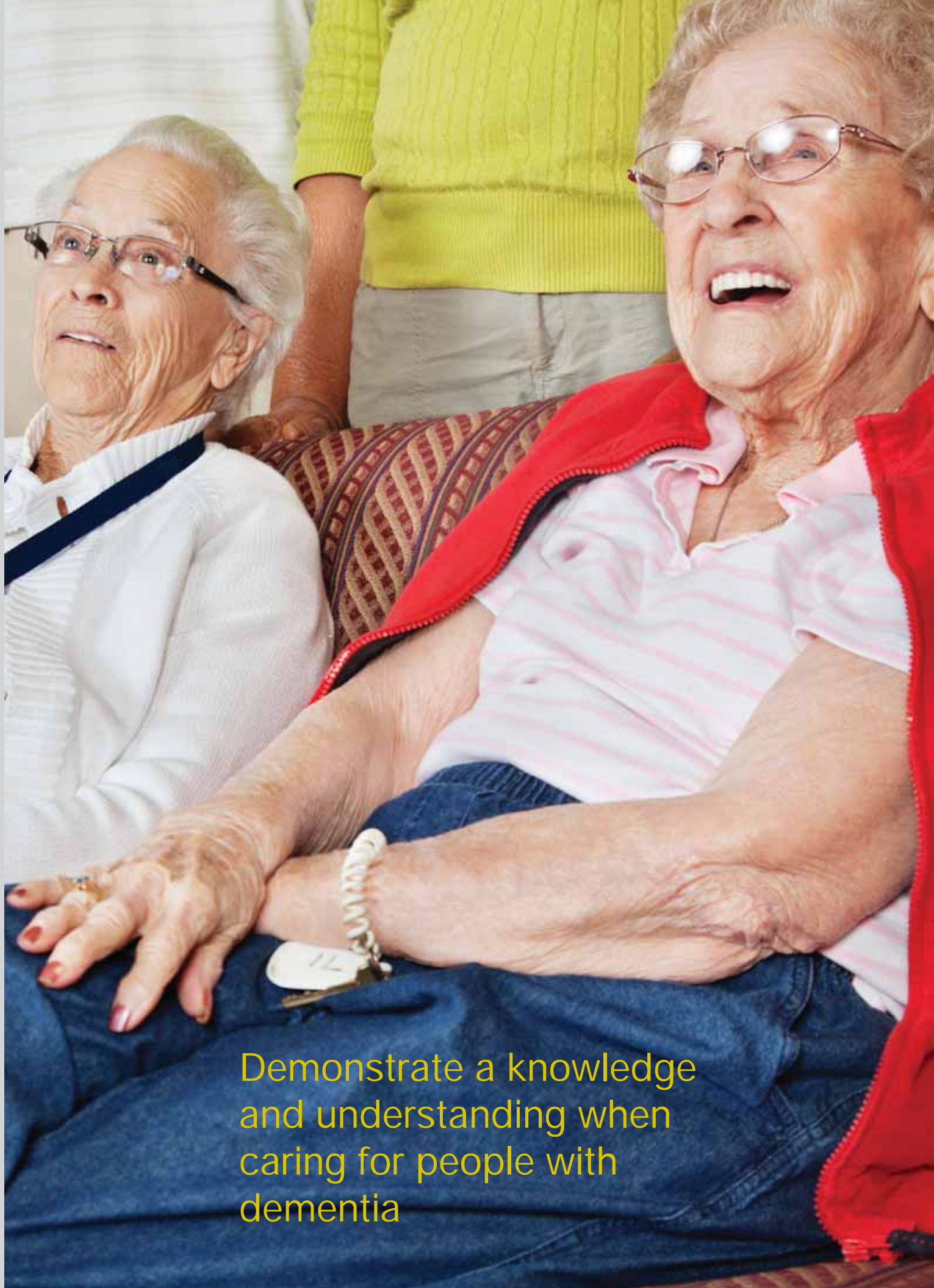


IMPROVING YOUR KNOWLEDGE

By improving your knowledge about dementia, and applying this knowledge, you deliver better care.

A

- 1 Explain what is meant by the term dementia and identify the primary causes of dementia.
- 2 Recognise the key characteristics of dementia including the early signs of dementia and appreciate that these signs can be associated with other medical conditions and/or changes to the person's general circumstances.
- 3 Understand the definition and significance of delirium and depression and how each differs from dementia.
- 4 Recognise the differences between irreversible and reversible dementia.
- 5 Describe how brain changes affect the way a person functions and behaves.
- 6 Know the current research findings into cause, prevention and recommended diagnostic procedures.
- 7 Discuss why it is important to personalise the care you provide to someone with dementia.
- 8 Demonstrate that you understand the use, effects, side effects and undesirable effects of medication used to manage symptom of dementia.
- 9 Demonstrate a knowledge and understanding when caring for people with dementia.
- 10 Recognise that there are different ways of thinking about dementia.
- 11 Demonstrate an understanding of the legal and ethical issues involved in caring for people with dementia and designed to protect people with dementia.
- 12 Understand why a person with dementia may be more vulnerable to abuse and neglect.



Demonstrate a knowledge and understanding when caring for people with dementia

1. Explain what is meant by the term dementia and identify the primary causes of dementia.

- 1.1 Explain that there are many causes of dementia. Understand that dementia is an illness characterised by a group of signs and symptoms caused by the gradual death of brain cells. It is NOT a normal part of ageing.
- 1.2 Recognise the key characteristics of the diseases and disorders that are the primary causes of dementia, such as: Alzheimer's disease, vascular disease, Lewy body disease. i.e. know how the characteristics develop and the behaviours that people with the disease are likely to have.

2. Recognise the characteristics, including the early signs, of dementia and appreciate that these signs can be associated with other medical conditions and/or changes to the person's general circumstances.

- 2.1 Recognise the key characteristics of the neurological impairment of dementia.
- 2.2 Appreciate that these characteristics can be associated with other medical conditions.
- 2.3 Explain why it is important for a person with dementia to seek an early and definitive diagnosis if this is their choice. A definitive diagnosis will include the primary cause of the dementia.
- 2.4 Know appropriate resources/services, which may be helpful at the time of diagnosis.
- 2.5 Understand that specific treatment may delay the symptoms of dementia from becoming worse.
- 2.6 Describe how the disease progresses, as well as signs and symptoms, behaviours and challenges associated with each stage.

3. Understand the definition and significance of delirium and depression and how these differ from dementia.

- 3.1 Understand that delirium is an acute medical condition and why it can be fatal if not treated.
- 3.2 Recognise the symptoms and causes of delirium.

- 3.3 Understand the definition and significance of depression and how this differs from dementia and delirium.

4. Recognise the difference between irreversible and reversible dementia.

- 4.1 Understand that there are reversible types of dementia in which the symptoms can improve with treatment.
- 4.2 Recognise the primary symptoms and causes of reversible dementia.

5. Describe how brain changes affect the way a person functions and behaves.

- 5.1 Describe how dementia symptoms typically progress or worsen over time.
- 5.2 Recognise that different primary causes of dementia affect different parts of the brain.
- 5.3 Recognise that different primary causes of dementia have different stages or phases.
- 5.4 Recognise that different primary causes of dementia have different effects on abilities and experiences.
- 5.5 Recognise that a person may have more than one cause of dementia.
- 5.6 Recognise that a person may have changes in more than one area of the brain.
- 5.7 Recognise the symptoms that may be a part of active dying.

6. Know the current research findings into cause, prevention and recommended diagnostic procedures.

- 6.1 Apply contemporary research and evidence-based findings to all aspects of care giving, including the research on cause, prevention, cure, and the recommended diagnostic and care processes?

7. Discuss why it is important to personalize the care you provide to someone with dementia.

- 7.1 Understand that each person's symptoms and progression through the different stages or phases are unique.

- 7.2 Understand that each person's symptoms and progression may be very different from what is typical.
- 7.3 Recognise how the care a person needs may be different depending on the primary cause or causes of dementia.

8. Demonstrate that you understand the use, effects, side effects and undesirable effects of medication used to manage symptoms of dementia.

- 8.1 Outline the most common over the counter and prescription medicines used by individuals with dementia.
- 8.2 Outline the most common medications used to treat the physical and psychological symptoms of dementia.
- 8.3 Describe how commonly used medications may affect people with dementia in the short or long term.
- 8.4 Explain the risks and benefits of using anti-psychotic medication (sedatives) for people with dementia in the short term and the dangers of longer term use.
- 8.5 Explain the importance of recording and reporting side effects/adverse reactions to medication.
- 8.6 Describe how analgesic medications (pain killers) can be used to support people with dementia who may be in pain used regularly or on an "as required" basis.
- 8.7 Understand how to provide person centred care to people with dementia through the appropriate and effective use of medication.
- 8.8 Describe person-centred ways of administering medicines whilst adhering to administration instructions.
- 8.9 Explain the importance of advocating for a person with dementia who may be prescribed medication.
- 8.10 Proactively seek regular medication reviews from a GP or pharmacist, especially for people taking anti-psychotic or anti-cholinergic medication.

- 8.11 Support the person to have medication administered safely and appropriately.
- 8.12 Ensure medication is administered safely and appropriately to the correct person
- 8.13 Demonstrate an awareness of the medication interactions, which can intensify or lead to confusion or other symptoms of dementia.

9. Demonstrate a knowledge and understanding when caring for people with dementia

- 9.1 Know how to adapt behaviour to respond to the needs of individuals with dementia.
- 9.2 The individual's health and emotional well being should be assessed in the context of understanding as much as is known about the person and their usual pattern of skills and behaviour.
- 9.3 Know where to go for more specialist advice.
- 9.4 Understand roles, responsibilities and boundaries in caring for someone with dementia.
- 9.5 Understand the different services /agencies available to support people with dementia and those supporting /caring for individuals diagnosed with dementia.
- 9.6 Explain the complex and terminal nature of providing care for persons with advanced, progressive dementia.

10. Recognise that there are different ways of thinking about dementia.

- 10.1 Understand the different points of view of health and social care professionals to help care givers find their way through the complex health and social care systems. These include:
 - a. Person centred approach.
 - b. Disability approach.
 - c. Relationship approach.
 - d. Medical approach.
 - e. Culture.
 - f. Traditional ways of thinking in organisations.

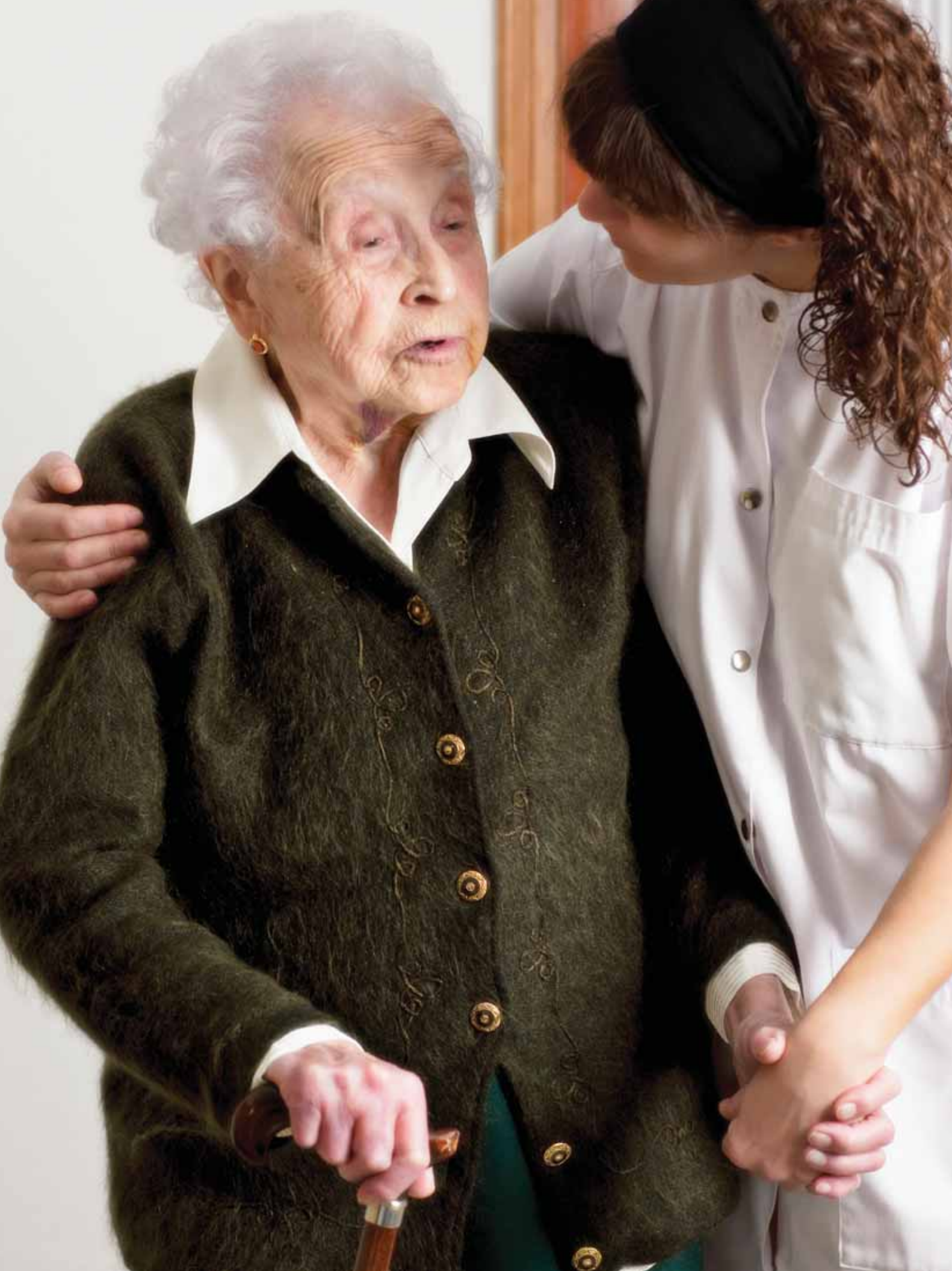
11. Understand the requirements of laws, advisory guidance and ethical issues related to health and social care for people with dementia and their families, so that care is provided (in a legal way) to protect the person with dementia from abuse, injury and harm.

- 11.1 Understand the Mental Health Act as it applies to people with dementia.
- 11.2 Understand the Mental Capacity Health Act as it applies to people with dementia and their families.
- 11.3 Understand the issues of deprivation of liberty.
- 11.4 Understand legislation related to residential care.
- 11.5 Understand the principles of "duty of care" as applied to working with people with dementia.
- 11.6 Demonstrate awareness and understanding of Advance Care Planning for people with dementia, and the times at which it would be appropriate.
- 11.7 Demonstrate awareness and understanding of the legal status and implications of the Advance Care Planning process in accordance with the provisions of the Mental Capacity Act 2005.
- 11.8 Show understanding of Informed Consent, and demonstrate the ability to give sufficient Information in an appropriate manner.
- 11.9 Understand professional codes of practice or conduct, and their impact on practice
- 11.10 Understand the moral and ethical issues, for all involved, in giving care to individuals with dementia.
- 11.11 Speak up for people with dementia.

12. Understand why a person with dementia may be more vulnerable to abuse and neglect.

- 12.1 Recognise that caring for people with dementia may cause you to have feelings and thoughts that affect or interfere with your ability to give compassionate care.
- 12.2 Recognise the signs of physical, emotional, sexual and financial abuse.
- 12.3 Recognise the signs of physical and emotional neglect.
- 12.4 Recognise the misuse of restraint and clearly understand the related processes involved which protect people with dementia from harm.
- 12.5 Recognise when, how and to whom to report your concerns about signs of potential abuse and neglect.
- 12.6 Recognise and protect people with dementia from abuse






BEING PERSON CENTRED

You recognise that people at all stages of dementia are able to make decisions and choices in some aspects of their care.

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- 13 Discuss the characteristics of person-centred care.
 - 14 Describe how you can give care to help the person with dementia to feel comfortable and secure, as well as live a full and meaningful life.
 - 15 Describe how knowing a person's background, culture, and experiences can help you give the best possible care.
 - 16 Describe how your background, culture, experiences, and attitudes may affect how you give care.



Explain the difference between 'doing for' the person and 'partnering' with the person

13. Discuss the characteristics of person-centred care.

- 13.1 Identify ways to see each person with dementia as an individual.
- 13.2 Explain the importance of relating to all aspects of the person with dementia (physical, social, emotional, mental and spiritual; and past, present and future).
- 13.3 Explain why the person's feelings are usually more important than completing a task.
- 13.4 Recognise that people with dementia are able to make decisions and choices in some aspects of their care until the end of life.
- 13.5 Identify ways to help and support the person make decisions.
- 13.6 Identify how to offer choices in ways that match the person's ability.
- 13.7 Identify ways to keep the power to make decisions in the hands of the person or those closest to her or him.
- 13.8 Recognise that people with dementia should continue to have opportunities and take appropriate risks in life.
- 13.9 Explain the difference between 'doing for' the person and 'partnering' with the person.

14. Describe how you can give care to help the person with dementia to feel comfortable and secure, as well as live a full and meaningful life.

- 14.1 Support people who have been given a diagnosis of dementia, and their families.
- 14.2 As far as possible adapt care settings and communities to meet the needs of people with dementia e.g. flexible meal times.
- 14.3 Modify the physical environment to avoid inappropriate background noise for the individual and meet their changing visual needs requirements.
- 14.4 Provide visual cues to support an individual's memory
- 14.5 Explain why it is helpful to learn a person's preferences to guide how you give care and interact with them.
- 14.6 Describe how the person with dementia may experience the world around them.

- 14.7 Recognise the importance of having routines that are familiar to each person.
- 14.8 Identify ways to set up familiar routines for each person.
- 14.9 Describe the importance of being flexible in meeting each person's needs when appropriate.
- 14.10 Discuss ways to identify the person's current skills and abilities.
- 14.11 Describe ways you can encourage the person to use the skills and abilities they have and support them when giving up some independence e.g. driving.
- 14.12 Recognise that every person has a need for: Relationships with others, Inclusion (being part of a group), Occupation (having things to do), Individuality (feeling unique), Dignity, Feeling secure emotionally, Privacy, Intimacy and touch, Socialisation (being with others), Meaning, Physical comfort, Meaningful activities.
- 14.13 Recognise and encourage each person's ability to: Grow, Connect, Give, Receive, Teach.
- 14.14 Identify ways to help the person be a member of a community.

15. Describe how knowing a person's background, culture and experiences can help you give them the best possible care.

- 15.1 Explain why it is helpful to you as a caregiver to learn information about the person's background, spiritual and religious beliefs, culture, and life history and preferences.
- 15.2 Recognise how a person's ethnicity and culture may affect how they view you as a caregiver.
- 15.3 Describe the importance of understanding and honouring each person's unique story without judgment.

16. Describe how your background, culture, experiences, and attitudes may affect how you give care.

- 16.1 Describe the values, beliefs and attitudes you have because of your unique background, culture and life experiences that affect how you give care.

16.2 Identify how your background, religious and spiritual beliefs, culture and life experiences influence how you perceive the people you care for, especially those with different backgrounds, religions and ethnicities.

16.3 Recognise that differences in backgrounds can cause tension between you and the person with dementia, their families and other staff. Be open to working with their preferences.

Understand the importance of positive interactions with people with dementia.



CARE INTERACTIONS

You recognise, report and react appropriately to changes in the person's condition so as to meet the needs and abilities of a person with dementia.

C

- 17 Identify physical discomfort, pain, fatigue, dehydration, hunger and provide help with physical care tasks in ways that match the needs and abilities of the person and supports disability.
- 18 Recognise and report on changes to physical and cognitive function.
- 19 Support a variety of care options, which may be available to the person with dementia.
- 20 Understand the importance of positive interactions with people with dementia.
- 21 Understand the end-of-life issues facing residents, staff, families, and guardians related to dementing illness.



Identify physical discomfort, pain, fatigue, dehydration, hunger and provide help with physical care tasks in ways that match the needs and abilities of the person and supports disability

17. Identify physical discomfort, pain, fatigue, dehydration, hunger and provide help with physical care tasks in ways that match the needs and abilities of the person and supports disability.

- 17.1 Understand that care needs are different for each person and that the care required may be different for the same person in different situations. These changes may include changes to general health that the person themselves may not be able to recognise and/or explain.
- 17.2 Observe care needs and help plan how to meet these needs
 - 17.2.1 Identify signs and symptoms both verbal and nonverbal of pain and discomfort
 - 17.2.2 Report changes in cognitive function
 - 17.2.3 Anticipate an individual's needs to prevent pain, fatigue, dehydration, and hunger
 - 17.2.4 Assist with planning to address needs.
- 17.3 Provide help with eating in a way that matches the person's needs, abilities and choices.
- 17.4 Encourage enough hydration
 - 17.4.1 Recognise that the person with dementia may not feel thirsty
 - 17.4.2 Recognise that the person with dementia may not look like they are thirsty and may not tell you they are thirsty
 - 17.4.3 Actively support the person to check if they are eating enough of the right foods and fluids
 - 17.4.4 Understand and respond with sensitivity and skill to support a person with toileting difficulties.
- 17.5 Use sensitive supportive ways to help the person remain clean causing the least amount of distress.
- 17.6 Recognise and respond to signs of pain or discomfort.
- 17.7 Prevent or reduce pain and discomfort when helping the person concerned to move.
- 17.8 Identify and take care of the safety needs of each person with dementia.

18. Recognise and report on changes to physical and cognitive function.

- 18.1 Identify and report on verbal or non-verbal signs of physical discomfort or pain, fatigue, dehydration or hunger.
- 18.2 Report changes to cognitive function.
- 18.3 Anticipate an individual's need to prevent pain, hunger and dehydration and assist with related plans.

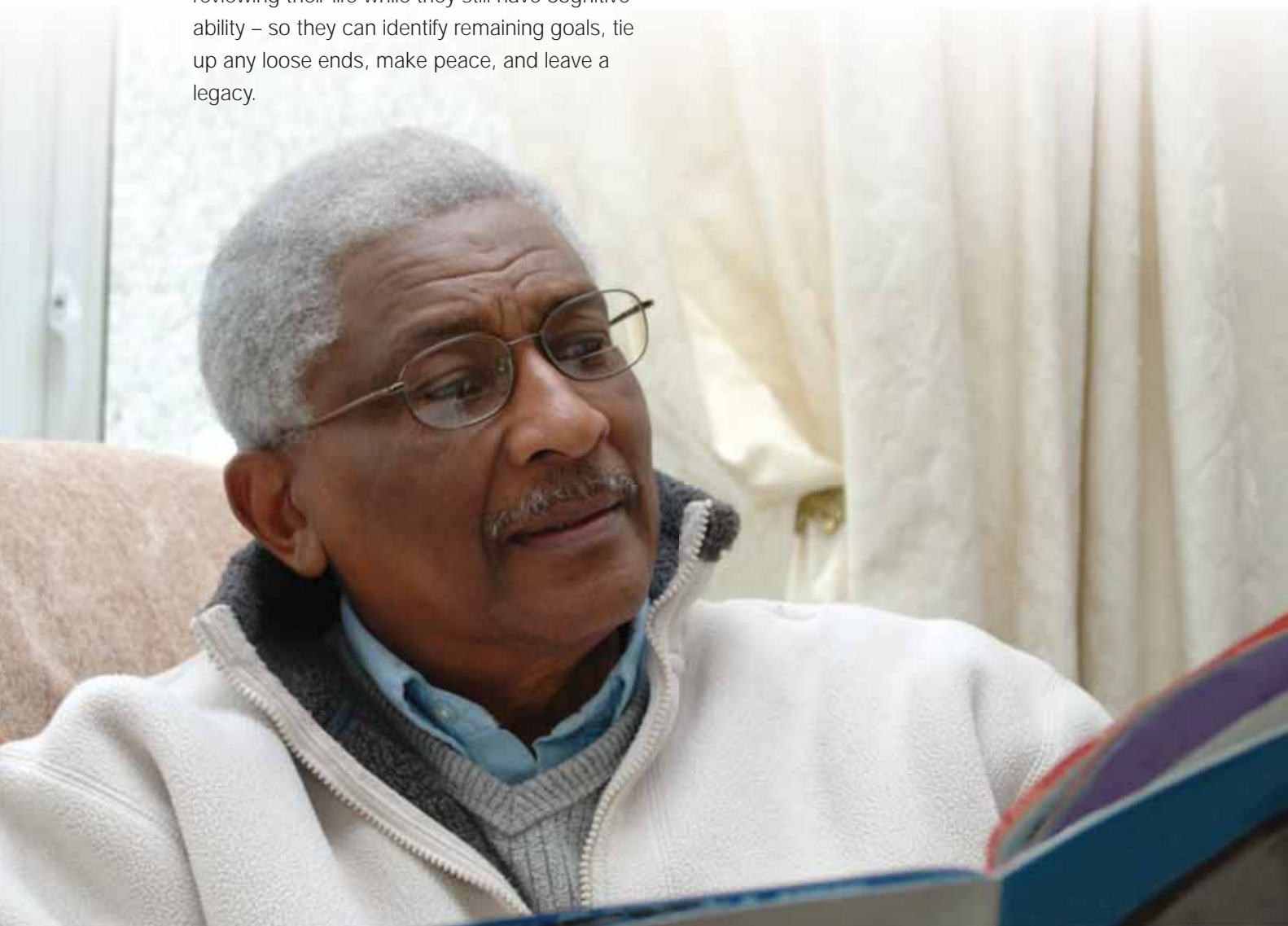
19. Support a variety of care options, which may be available to the person with dementia.

- 19.1 Support the person to carry out cognitive, reminiscence, reality orientation, cognitive stimulation, and validation therapies and a variety of psychosocial interventions.
- 19.2 Support the person during sensory stimulation and age and person appropriate play based activities.
- 19.3 Support counselling for individuals with dementia.
- 19.4 Support access to complementary approaches.

20. Understand the importance of positive interactions with people with dementia.

- 20.1 Demonstrate how positive interactions with people who have dementia can contribute to their wellbeing.
- 20.2 Recognise that the person's surroundings, including social and physical aspects, can help, hinder or injure:
 - Autonomy (Being able to choose whether or not to do things on one's own – people can still be autonomous by choosing to have help to do something).
 - Personalisation (using own belongings or decorations).
 - Sense of well-being.
 - Orientation and way-finding (understanding where things are and how to get around).

- 20.3 Explain the importance of involving people with dementia in a range of activities meaningful to the individual.
- 20.4 Compare a reality orientation approach to interactions with a validation approach and use appropriately.
- 20.5 Demonstrate how to use aspects of the social environment to enable positive interactions with people with dementia.
- 20.6 Demonstrate how appropriate and sensitive reminiscence techniques can be used to facilitate a positive interaction with the people with dementia.
- 20.7 Develop and maintain communication with people about difficult and complex matters or situations related to end of life care.
- 21. Understand the end-of-life issues facing residents, staff, families, and guardians related to dementing illness.
- 21.1 Understand the importance of the person reviewing their life while they still have cognitive ability – so they can identify remaining goals, tie up any loose ends, make peace, and leave a legacy.
- 21.2 Use effective communication skills when having Advance Care Planning discussions as part of ongoing assessment and intervention.
- 21.3 Use suitable Advanced Care Planning tools and communicate the plans correctly to other members of the care delivery team.
- 21.4 Work sensitively with families and friends to support them as the individual decides upon their preferences and wishes during the Advance Care Planning process.
- 21.5 Where appropriate, ensure that the wishes of the individual, as described in an Advance Care Planning statement, are shared (with permission) with other workers.
- 21.6 When appropriate, know what the Advance Care Planning statement contains, and how this will impact upon an individual's care delivery.
- 21.7 Demonstrate awareness of 'Mental Capacity' in Advanced Care Planning.



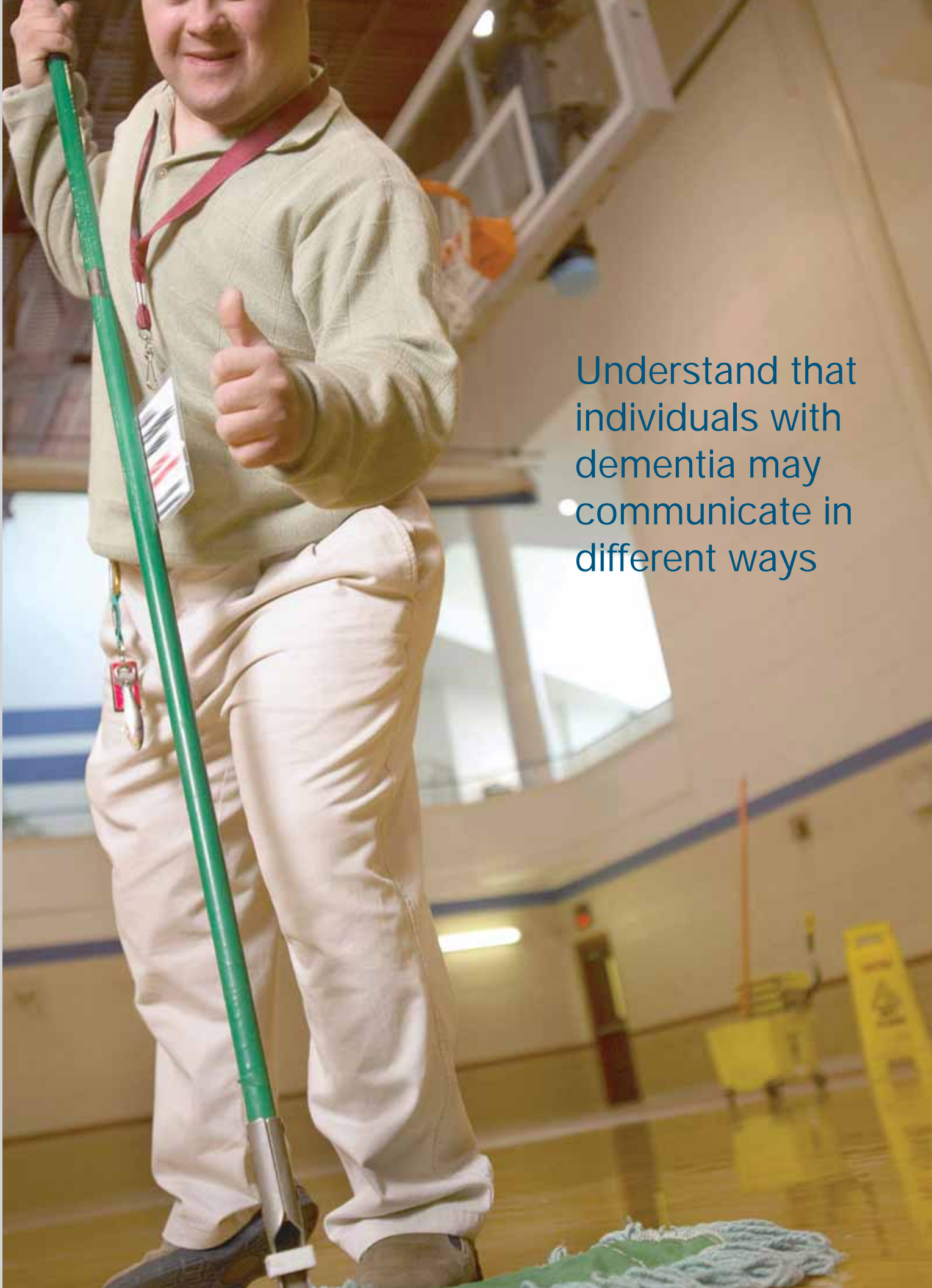
COMMUNICATE SENSITIVELY

You tune in to the individual with dementia and modify your communications to match the individual's needs.

- 22 Identify and support the feelings – whether spoken or otherwise expressed - of the person with dementia.
- 23 Show effective ways of listening to and communicating with someone who has dementia.
- 24 Understand the factors, which can affect interactions and communication of individuals with dementia.
- 25 Understand that individuals with dementia may communicate in different ways, verbally and non verbally.



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Understand that individuals with dementia may communicate in different ways

22. Identify and support the feelings – whether spoken or otherwise expressed - of the person with dementia.

- 22.1 Understand that the person with dementia reacts to your emotions and to those of others around them.
- 22.2 Respond in a respectful way to the feelings expressed by the person with dementia.
- 22.3 Tune into people with dementia and recognise various ways a person with dementia may behave to show their feelings.
- 22.4 Act as an advocate for those who do not have family or friends available to support them.

23. Show effective ways of listening to and communicating with someone who has dementia.

- 23.1 Recognise the various ways a person can communicate whether by talking or in other ways.
- 23.2 Make sure you have the person's attention before asking a question or beginning a task with them.
- 23.3 Demonstrate good listening skills.
- 23.4 Demonstrate how to use different communication techniques with an individual who has dementia.
- 23.5 Demonstrate ways to change how you communicate with a person with dementia when their abilities change.
- 23.6 Offer physical and emotional comfort to those experiencing loss or actively dying.
- 23.7 Present information in a range of formats, including written and verbal and in pictures, as appropriate to the circumstances.

24. Understand the factors, which can affect interactions and communication with individuals with dementia.

- 24.1 Understand that it might be necessary to modify care giving to meet the altered physical and /or mental health needs when communicating with an individual with dementia.
- 24.2 Adapt the environment to minimize the difficulties related to sensory impairment of an individual with dementia.
- 24.3 Ensure that an individual has all the required support such as spectacles, hearing aids, personal support etc to allow communication the best chance of success.
- 24.4 Recognise how the behaviour of carers or others might affect an individual with dementia.
- 24.5 Identify and manage the use of language and an over stimulating environment which could hinder positive interactions and communication.
- 24.6 When necessary speak up for people with dementia.

25. Understand that individuals with dementia may communicate in different ways.



- 25.1 Identify verbal and non-verbal expressions of physical discomfort and pain.
- 25.2 Give examples of how carers and others may misinterpret communication.
- 25.3 Demonstrate ways of responding successfully to the behaviour of an individual with dementia, taking account of the abilities and needs of the individual, carers and others.
- 25.4 Show how observation of behaviour and mood and engagement, such as Dementia Care Mapping, is an effective tool in interpreting the needs of an individual with dementia.
- 25.5 Describe how different forms of dementia may affect the way an individual communicates.



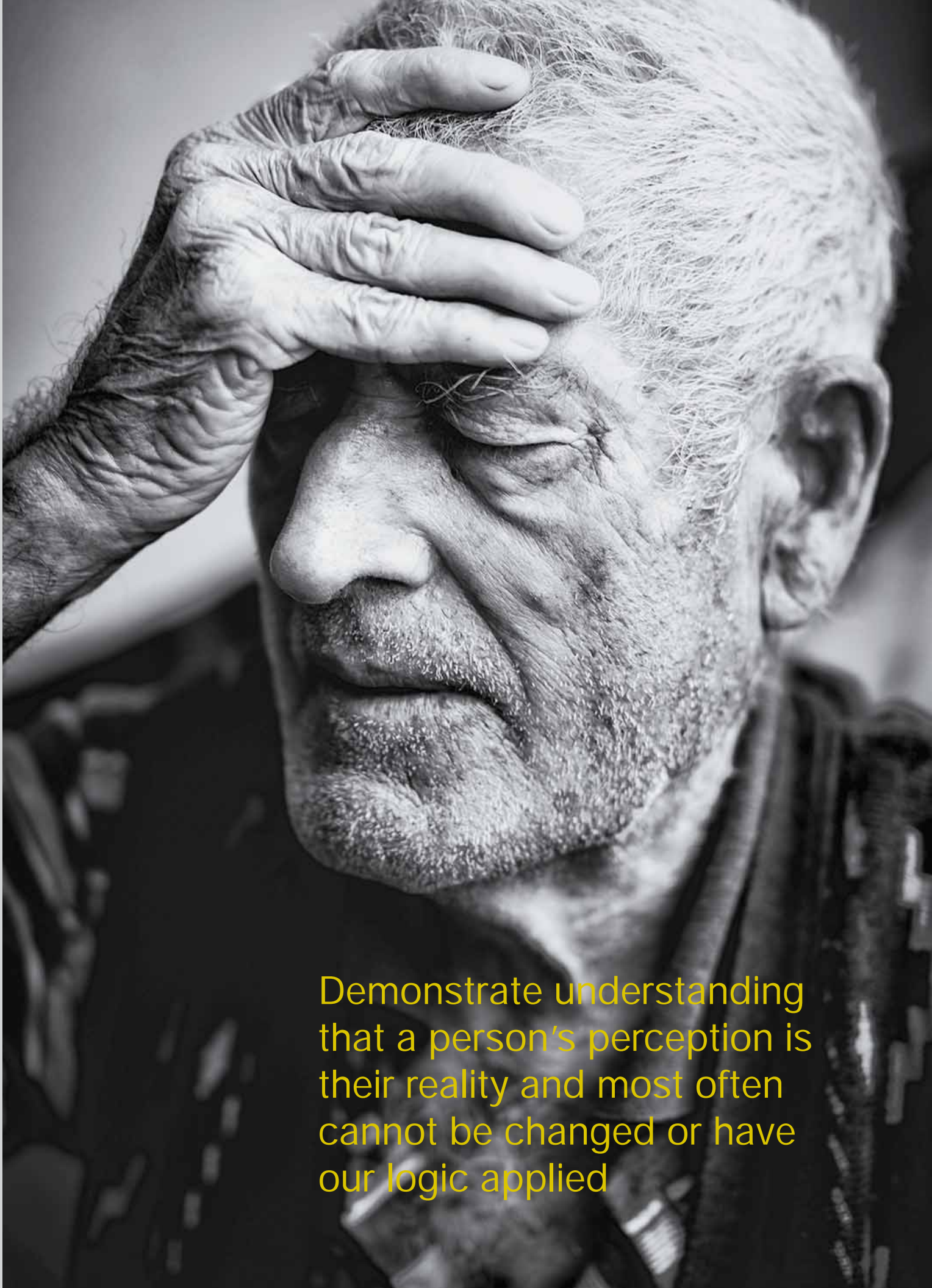
Understand that how a person behaves is a form of communication. Behaviours may reflect emotions or unmet needs or may be triggered by physical illness.

Understanding Distressed Behaviours

You try hard to understand what the person with dementia is communicating through their behaviour.

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- 26 Understand that how a person behaves is a form of communication. Behaviours may reflect emotions or unmet needs or may be triggered by physical illness.
 - 27 Recognise that what a person thinks is acceptable behaviour is his or her own reality. Many things, including their cultural background and family dynamics, may influence this. These influences can affect behaviour related to, for example, gender roles, eye contact, and personal space.
 - 28 Recognised distressed behaviours and describe helpful responses to distressed behaviours that you find “challenging” or “difficult.”

We all communicate through behaviour and we have to try harder to understand what it is people with dementia are communicating.



Demonstrate understanding that a person's perception is their reality and most often cannot be changed or have our logic applied

26. Understand that how a person behaves is a form of communication. Behaviours may reflect emotions or unmet needs.

- 26.1 Demonstrate an understanding that people with dementia are often under pressure and might find it difficult to express themselves or meet their own physical, emotional or social needs.
- 26.2 Discuss common ways that people (and people with dementia) may use any means available when they have unmet needs or are upset and 'distressed'. Distressed behaviour can be difficult to understand and / or respond to. (Examples of 'distressed behaviours' include shouting, cursing, hitting, slapping, shoving, wandering, withdrawing, being restless, finding it difficult to relax or sleep). These are behaviours we all have and there is a danger that we label people with dementia.
 - 26.2.1 Understand common causes of distressed behaviours by people with dementia. Examples include physical illness including infections, physical pain, hunger, thirst, boredom, frustration and the need for assistance with a desired activity
 - 26.2.2 Demonstrate the ability to tune into recognition of psychological needs.
- 26.3 Use positive words when describing distressed behaviour.
- 26.4 Discuss why the words and behaviour of a person with dementia need not be taken personally, even if they seem aimed at you.
- 26.5 Understand signs of depression in a person with dementia
 - 26.5.1 Understand the increased risk of depression
 - 26.5.2 Recognise the signs of depression in a person with dementia
 - 26.5.3 Understand the increased risk of depression not being recognised
 - 26.5.4 Understand the increased risk of depression not being treated
 - 26.5.5 Explain the benefits of treating depression in a person with dementia.

27. Recognise that what a person thinks is acceptable behaviour is his or her own reality. Many things, including their cultural background and family dynamics, may influence this. These influences can affect behaviour related to gender roles, eye contact, and personal space.

- 27.1 Demonstrate understanding that a person's perception is their reality and most often cannot be changed or have our logic applied.
- 27.2 Recognise that people with dementia may refer back to period(s) before their more recent cultural background and family dynamics.

28. Recognise distressed behaviours and describe helpful responses to distressed behaviours that you find "challenging" or "difficult."


- 28.1 Recognise that our personal views often lead us to decide whether behaviour is challenging or acceptable.
- 28.2 Discuss how important it is to identify the need causing behaviour wherever possible.
 - 28.2.1 Recognise how important it is to understand all the factors that contribute to the person's behaviour. These include what happens before and after the behaviour, as well as more long-term and invisible issues.
- 28.3 Discuss how to identify the need causing behaviour.
 - 28.3.1 Identify needs that may lead to certain behaviours:
 - Physical comfort
 - Physical triggers e.g. infections
 - Emotional well being
 - Feeling competent
 - Desire to be social with others
 - Self-esteem and self worth
 - Ability to find one's way
 - Desire to be understood
 - Desire to communicate
 - Boredom
 - Depression

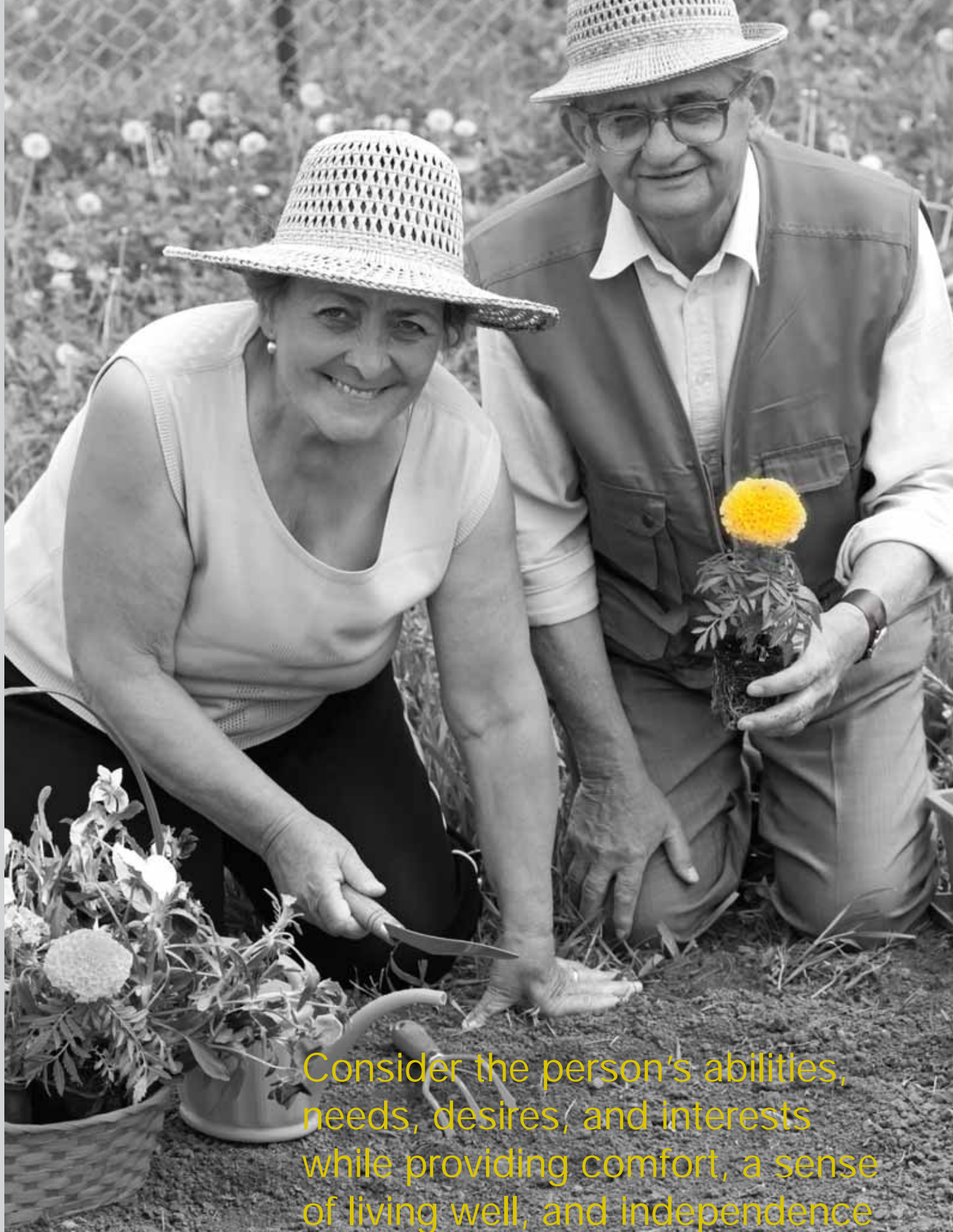
- 28.3.2 Understand how to problem solve to identify potential causes of behaviours.
- 28.3.3 Understand the importance of documenting and keeping track of and reporting changes in behaviours and mental status.
- 28.3.4 Demonstrate how to track and report changes in behaviours and mental status.
- 28.4 Respond in helpful ways when you believe that words and behaviours of a person with dementia may express unmet needs.
- 28.5 Identify and meet the needs of the person with dementia to prevent or decrease "distressed" behaviours.
- 28.6 Adjust your approach, communication, and attitude to respond in ways that help the person with dementia.
 - 28.6.1 Clarifies, comforts or reassures the person with dementia
 - 28.6.2 Redirect to a new topic
 - 28.6.3 Ask for background information about the topic that the person is concerned about
 - 28.6.4 Offer simple choices
 - 28.6.5 Change the surroundings
 - 28.6.6 Change the task or activity
- 28.7 Demonstrate being flexible, creative, and able to try different ways to take care of causes of certain behaviours.
- 28.8 Identify when, how, and what information to seek from family and other caregivers.
- 28.9 Describe how to assess the person's response to your actions, in different situations, to determine how effective the actions were. Dementia Care Mapping, for example, can be used as a tool/ process to explore the impact of care on quality of life.



Enriching lives

By supporting their needs and desires for pleasurable activities you enrich the life of a person with dementia.

- 
- 29 Consider the person's abilities, needs, desires, and interests while providing comfort, a sense of living well and independence.
 - 30 Support and encourage the person to continue their usual activities, social life and community involvement.
 - 31 Recognise how important it is for people to do activities that give meaning and purpose. The activities are often a part of their culture and background.
 - 32 Recognise how important pleasurable activities are in a person's life. These may include sexual activities, intimacy and feeling close to others.
 - 33 Support the person with dementia to retain safe independence and a good quality of life through adapting their home or the area in which they are living and / or using assistive technologies.



Consider the person's abilities, needs, desires, and interests while providing comfort, a sense of living well, and independence

29. Consider the person's abilities, needs, desires, and interests while providing comfort, a sense of living well, and independence.

- 29.1 Recognise that independence is a goal as long as it helps the person feel better about themselves and gives them pleasure and does not expose the person to unacceptable risk.
- 29.2 Understand that some challenges may be stimulating and add independence. Challenges can also overwhelm the person and make them tired.
- 29.3 Recognise the person's ability to take part in activities.
- 29.4 Identify ways to help the person function as independently as possible:
 - Simplify activities
 - Break down tasks into steps
 - Provide assistance
- 29.5 Recognise that the person's abilities may go up and down.
- 29.6 Recognise that different types of dementia affect a person's abilities in different ways.
- 29.7 Report changes in cognitive function.
- 29.8 Offer choices, when you can, in providing care.
- 29.9 Discuss how using prompts can help the person do more on their own.
- 29.10 Recognise signs that palliative or the hospice model of care may be needed. Discuss, appropriately, what you've noticed.
- 29.11 Understand the end-of-life issues and responsibilities facing residents, staff, families, and guardians related to caring for people with dementia.
- 29.12 Explain the complex and terminal nature of providing care for people with advanced, progressive dementia.
- 29.13 Incorporate palliative care principles into planning, supervision, and delivery of care.
- 29.14 Discuss the concept and implementation of an Advance Care Planning and Advanced Directive including do not attempt to resuscitate.
- 29.15 Identify and take care of the safety needs of each person with dementia.

30. Support and encourage the person to continue their usual activities, social life and community involvement.

- 30.1 Assist the person to be involved in activities they find meaningful. These are critical because they help the person have good relationships, feel well physically and mentally, feel good about themselves and preserve their personal identity and self-esteem
- 30.2 Recognise the importance of supporting and assisting the person in doing what they like to do to be a productive member in their community.
- 30.3 Recognise that the person may need to maintain their usual social life and community involvement for spiritual well being.

31. Recognise how important it is for people to do activities that give meaning and purpose. The activities are often part of their culture and background.

- 31.1 Understand that activities can be simplified to meet the person's ability without being childish.
- 31.2 Encourage the person to do as much as they can for themselves. This helps to maintain their dignity and highest level of functioning for as long as possible.
- 31.3 Understand that activities should suit each person taking into consideration the person's history, experience, cultural background, and identity.
- 31.4 Understand that the person's abilities change recognising the importance of calmly adapting activities and tasks as the disease progresses.
- 31.5 Understand the importance of physical activity in maintaining the person's independence and abilities.
- 31.6 Identify reasonable expectations of the person's ability given how dementia affects them.
- 31.7 Understand the importance of moments of joy.
- 31.8 Describe how actively listening to the person with dementia reminisce and tell stories from their life can give them pleasure and enrich your relationship with them.

- 31.9 Recognise that the person with dementia can continue to benefit from new experiences.
- 31.10 Recognise that all activities can be adapted to the person's ability.
- 31.11 Understand the importance of respecting the common routines and daily pleasures of the person.

32. Recognise how important pleasurable activities are in a person's life. These may include sexual activities, intimacy and feeling close to others.

- 32.1 Understand the person's need to be sexual and close to others in a sensitive way.
- 32.2 Allow the person to express their sexuality when it does not harm or threaten others or themselves.
- 32.3 Discuss how the various forms of dementia may affect the expression of sexuality.
- 32.4 Recognise the difference between being sexual and being close to others.
- 32.5 Understand that people never lose the need for touch when appropriate.
- 32.6 Be mindful to protect the dignity of every person.
- 32.7 Be creative and generous with non-sexual forms of appropriate touch.
Examples include massage, manicures, pedicures, and hair combing.
- 32.8 Use appropriate ways that touch all the senses to create pleasure.
Examples include music and aromatherapy
- 32.9 Recognise the need of the person to feel attractive and desirable and the importance of outward appearance.
- 32.10 Recognise that the person with dementia can still enjoy humour.
- 32.11 Understand that everyone has a different idea of what is funny and appropriate.
- 32.12 Ensure that people with dementia never feel that you are laughing at them.

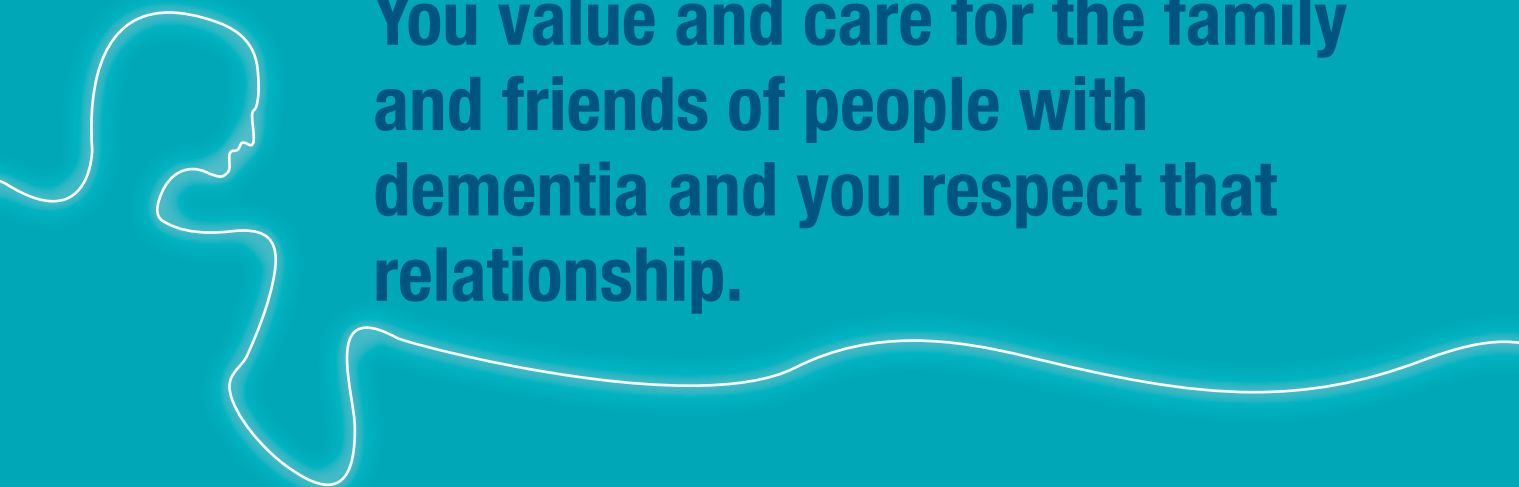
33. Support the person with dementia to retain safe independence and a good quality of life through adapting their home or the area in which they are living and / or using assistive technologies.

- 33.1 Identify ways to reduce / manage risks and prevent injury and maintain safety.
- 33.2 Recognise that as dementia progresses, the person's abilities change.
- 33.3 Be creative in changing the environment to make sure the person is safe. Balance the need for a stimulating environment with acceptable risk.
- 33.4 Ensure access to high quality assessment for adaptations and assistive technologies to ensure they are needs led and provided, rather than service or technology driven.
- 33.5 Recognise changes in a person that can affect personal safety. These include changes in judgment, physical ability, and senses (such as eyesight, hearing and touch).
- 33.6 Understand that we all walk and need to walk and reduce the risks as much as possible.
- 33.7 Understand other risks. Manage these risks, according to organisation policies or as needed to make sure the person is safe.
- 33.8 Recognise that more help is needed when there is an emergency with a person with dementia.



Supporting family members and other carers

You value and care for the family and friends of people with dementia and you respect that relationship.

- 
- 34 Respond respectfully to the family's unique relationships, experiences, cultural identity, and feelings after the death of the person with dementia.
 - 35 Use a positive and accepting approach with family members or when talking about the family with other staff.
 - 36 Get and use information about the individual's personal history; personal, religious and spiritual preferences; and cultural and ethnic background.
 - 37 Ensure carers have access to assessments of their own needs.



Understand that all families are different

34 Respond respectfully to the family's unique relationships, experiences, cultural identity, and feelings after the death of the person with dementia

- 34.1 Actively listen to family members to learn about the person's history, preferences, etc.
- 34.2 Recognise how the family's ethnicity and culture affect how family members understand dementia.
- 34.3 Recognise how the family's ethnicity and culture affect how family members view their roles and responsibilities.
- 34.4 Recognise the other responsibilities family members may have, such as caring for both children and parents. These may affect their role as caregiver for the person with dementia.
- 34.5 Recognise that feelings of guilt, grief, uncertainty and stress may affect how family members communicate with each other and others.
- 34.6 Show a basic knowledge of how families commonly operate and how their relationships can affect care giving.
- 34.7 Recognise that you may never know what a family member has experienced with the person. Avoid judgment and criticism.
- 34.8 Recognise the immense stress many family carers are experiencing and how formal caregivers can support this and ensure they are involved to the level they wish to be.
- 34.9 Recognise that a person with dementia and their carer may be at risk of abuse or neglect by family members in some circumstances.
- 34.10 Recognise that individuals living with persons with dementia are more likely to be abused or neglected and respond to signs of carers' ill health or loss of well being or other signs of deterioration.
- 34.11 Respond to signs of depression or burnout in family caregivers.
 - 34.11.1 Understand the increased risk of depression or burnout for family caregivers.
 - 34.11.2 Explain the benefits of treating depression or burnout in family caregivers.

- 34.11.3 Recognise the signs of depression or burnout in family caregivers.
- 34.11.4 Understand when to use caregivers' expertise and when to discuss potential family caregiver depression or burnout with your supervisor.

35. Use a positive and accepting approach with family members or when talking about the family with other staff.

- 35.1 Understand that all families are different.
- 35.2 Recognise the effect of your own family values on care giving relationships.
- 35.3 Recognise that families may show negative emotions and understand how to respond without taking it personally.
- 35.4 Show an understanding of how your own ethnic and cultural values influence how you deal with others.
- 35.5 Understand how tempting it is to gossip or discuss issues with others, but recognise the importance and necessity of confidentiality.

36. Get and use information about the individual's personal history; personal, religious, and spiritual preferences, and cultural and ethnic background

- 36.1 Recognise that it is helpful to continue to gather information about the person's history and preferences as you care for them.
- 36.2 Recognise confidentiality and the importance of your role in sharing what you learn with family members and other staff.

37. Ensure carers have access to assessments of their own needs

- 37.1 Observe carers' general well being.
- 37.2 Provide support to allow carers access to advice about their own health and wellbeing.
- 37.3 Help carers manage sexual demands if they are unwelcome.



Working as part of many teams you learn, plan and integrate care.



Working as part of many teams

Working as part of many teams you learn, plan and integrate care.

- 38 Learn about the services available to the person with dementia.
- 39 Plan care based specifically on the needs of the individual.
- 40 Recognise the family as part of the care giving team.
- 41 Explain positive ways to talk with supervisors and co-workers to address differences and ideas about care giving and what you believe is best for the person with dementia.



Share your understanding about the provision of care and your understanding of how the different care services are organised

38. Learn about the services available to the person with dementia

- 38.1 Discover the local services available to people with dementia, and their carers and the level and type of support offered.
- 38.2 Share your understanding about the provision of care and your understanding of how the different care services are organised.
- 38.3 Work in partnership with the people and organisations likely to be involved in the person's care.
- 38.4 Discover ways of providing the agreed care package without unnecessary barriers or over tiring by a succession of people visiting.

39. Plan care based specifically on the needs of the individual.

- 39.1 Undertake/contribute to multi-disciplinary / interagency assessment.
- 39.2 Plan care with the person with dementia and their carers whenever possible.
- 39.3 Recognise that the people most involved in caring for a person with dementia are often the family members/friends, volunteers or are staff employed in different organisations.
- 39.4 Smooth the progress of the person with dementia within and between different organisations and home.
- 39.5 Plan care for the person with dementia, using suitable available services as needed.
- 39.6 Coordinate support including sharing of relevant information (when appropriate and with consent) with other practitioners when individuals' circumstances change. (Informed consent is an essential element of this).

40. Recognise the family as part of the care giving team.

- 40.1 Recognise each family member's understanding of the disease process.
- 40.2 Recognise that family members may have valuable information about the person's condition and ability to function.
- 40.3 Provide information and support as appropriate.

It is appropriate when the family requests it, or the family welcomes an offer.

- 40.4 Assist family members in learning more about dementia.
- 40.5 Model positive skills and approaches for family members.
- 40.6 Encourage family members to use new skills and approaches.
- 40.7 Discuss the important role families have in decision-making.
- 40.8 Identify issues that may affect the relationship between staff and family members.
- 40.9 Work with the family to create consistency, as far as possible, for the person with dementia. Offer the family a range of responses with continued support/understanding. Examples include keeping the same schedule, supporting the person in regular activities that are meaningful to them, and having everyone respond to a particular behaviour in the same way.
- 40.10 Communicate promptly with the family about changes in mood or ability to function.
- 40.11 Explain why it is helpful to you as a caregiver to invite family members to share information about the history, culture, background and religion of the person with dementia and changes which they recognise.
- 40.12 Develop plans for carers to address **their** needs for example, access respite care.

41. Explain positive ways to talk with supervisors and co-workers to address differences and ideas about care giving and what you believe is best for the person with dementia.

- 41.1 Recognise that your knowledge, experience, and insight can make a valuable contribution to the care team.
- 41.2 Recognise that other people's knowledge, experience, and insight can make a valuable contribution to you and others on the care team.
- 41.3 Describe positive ways to share your knowledge, experience, and insights with supervisors and co-workers, even when you are stressed or disagree with them.

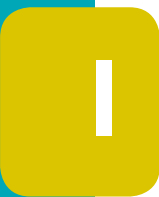




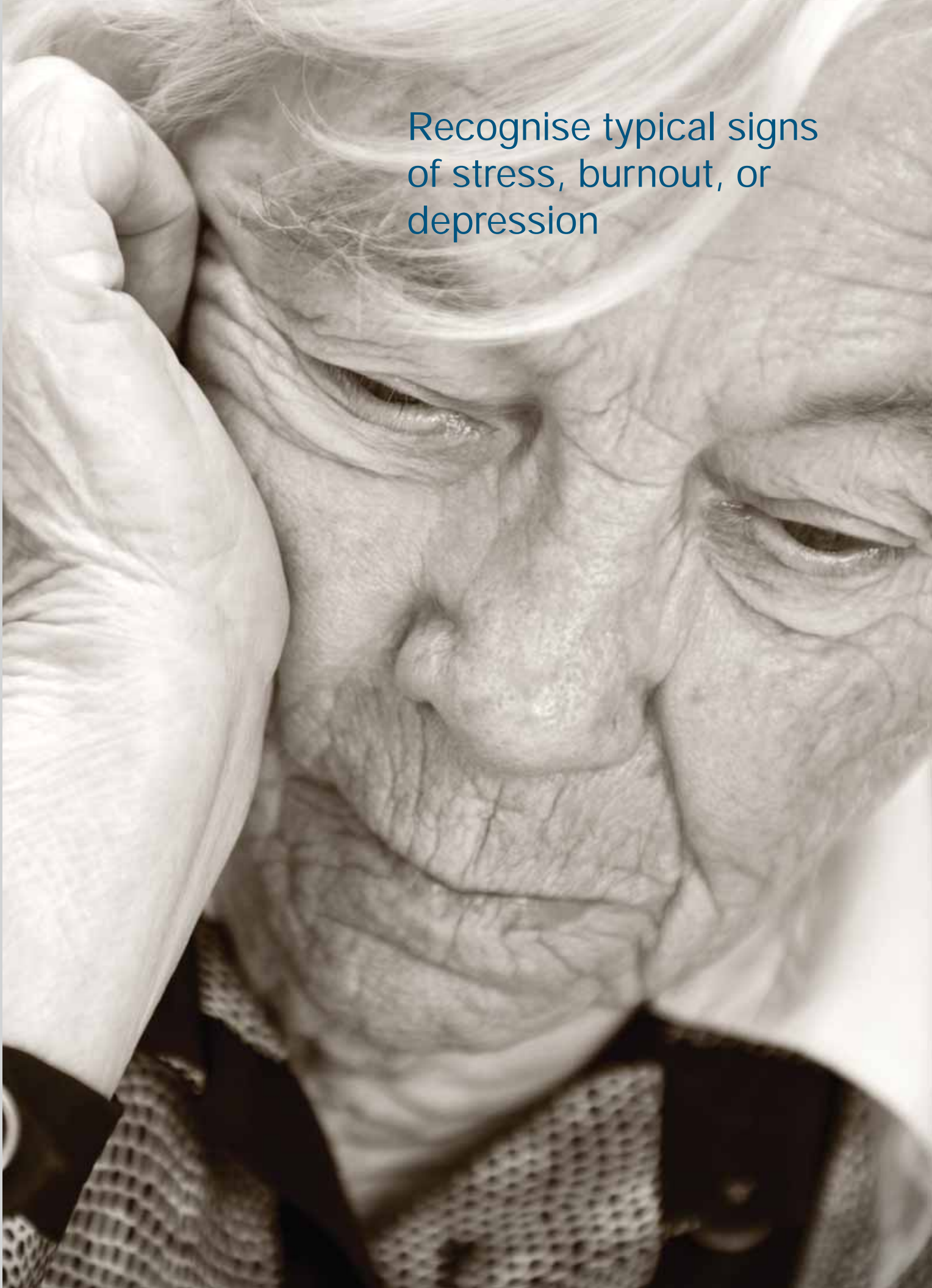
Caring for yourself

Recognising your own feelings you care well, avoid burn-out and cope with stress, grief and loss.

- 42 Identify your own feelings, beliefs, or attitudes that may affect your caring relationships.
- 43 Identify helpful ways to prevent and cope with your own stress and burnout.
- 44 Identify the ways you cope with grief and loss.



Recognise typical signs
of stress, burnout, or
depression



42. Identify your own feelings, beliefs, or attitudes that may affect your caring relationships.

- 42.1 Recognise when you feel uncomfortable with certain qualities or differences in other people.
- 42.2 Identify qualities that make you feel uncomfortable or negative. These may include race, culture, ethnicity, sexual orientation, religious beliefs, lifestyle, weight or other qualities.
- 42.3 Understand how your own experience and history influence your beliefs and feelings about others.
 - 42.3.1 Recognise that if you have had very painful experiences, you may respond strongly to situations that remind you of them.
- 42.4 Explain how your beliefs and feelings about others may affect how you provide care.
- 42.5 Discuss your ethical responsibility, as a care provider, to respect others in spite of differences.
- 42.6 Describe positive ways to cope with situations when you have strong personal reactions to others.
- 42.7 Recognise when and how to seek help with your uncomfortable or negative feelings.
- 42.8 Manage inappropriate sexuality in the person with dementia.

43. Identify helpful ways to prevent and cope with your own stress and burnout.

- 43.1 Recognise typical signs of stress, burnout, or depression.
- 43.2 Understand how you respond in stressful situations.
- 43.3 Identify specific care-giving interactions that have been stressful in the past.

- 43.4 Discuss your personal signs of stress or burnout.
- 43.5 Explain the benefits of addressing stress, burnout, or depression.
- 43.6 Identify ways to take care of yourself.
 - 43.6.1 Understand that learning about differences among people, as well as other issues, can be a way to cope with stress.
- 43.7 Identify coping strategies that work well for you by reflecting on, and learning from experience and through supervision.
- 43.8 Use coping strategies when you feel stressed, burnout or depression.
- 43.9 Recognise when and how to seek assistance for stress, burnout or depression.
- 43.10 Demonstrate that you know how to achieve conflict resolution.

44. Identify the ways you cope with grief and loss.

- 44.1 Recognise that over time people with dementia experience many kinds of physical, emotional, and social losses. This can in turn create losses for those close to them, including family members and yourself.
- 44.2 Understand that it is healthy to feel grief and many other emotions in response to losses.
- 44.3 Identify positive ways to respond to losses that are personal and meaningful to you. These may include rituals, ceremonies, special clothing, etc.
- 44.4 Recognise that grief and loss can be stressful to you.
- 44.5 Recognise when and how to seek assistance for grief and loss.





Managing, Training and Supporting the Teams

As a leader you meet these key criteria.

Managers:

- 45 Promote an environment that encourages people to grow, develop and use their full potential by balancing support and accountability.
- 46 Provide opportunities and encourage caregivers to develop a quality relationship with each individual, which gives work meaning and purpose.
- 47 Give care givers the information and tools they need to work effectively with people with dementia at all stages.



Clearly communicate the philosophy of care and provide mentorship, supervision and opportunities for discussion

45. Promote an environment that encourages people to grow, develop and use their full potential by balancing support and accountability.

- 45.1 Create an environment that balances support and accountability.
- 45.2 Through teamwork, utilise everyone's strengths and address limitations.
- 45.3 Use adult learner-centred approaches that actively engage participants in discovery, learning and teaching processes.
- 45.4 Practice self-examination and reflection, and creatively search for opportunities to more effectively support everybody providing care in being the best they can be.
- 45.5 Provide "hands on" training and coaching - including structured and unstructured activities.
- 45.6 Clearly communicate the philosophy of care and provide mentorship, supervision and opportunities for discussion.
- 45.7 Celebrate accomplishments

46. Provide opportunities and encourage caregivers to develop a quality relationship with each individual, which gives work meaning and purpose.

- 46.1 Help staff to develop interpersonal, problem solving, and communication skills along with clinical and care giving skills and knowledge.
- 46.2 Set standards of excellence, communicate them clearly, and reinforce them consistently over time.
- 46.3 Offer appropriate support to all individuals undertaking care.

47 Give care givers the information and tools they need to work effectively with people with dementia at all stages.

- 47.1 Ensure teams are well briefed on the care plans and the individual care requirements.
- 47.2 Empower staff to be problem solvers and forward thinkers within their role boundaries.
- 47.3 Involve all members of the team, including the carers, in decision-making around care delivery.
- 47.4 Recognise your own, and the care givers', personal limitations and capabilities.



Acknowledgements

In order to improve care, the Norfolk and Suffolk Health Innovation Education Cluster, wished to find a common language to describe the Dementia Differentials (specific learning needs) of people involved in caring for people with dementia. It was strongly believed that many people involved in caring for people with other long term conditions or working in other situations supporting or caring for others would already be able to demonstrate many of the necessary competencies. They would therefore only require the 'differential additional competencies' specific to caring or supporting a person with dementia or their family.

This framework was developed to describe these needs in everyday language for the wider workforce including carers and volunteers. The Norfolk and Suffolk HIEC sponsored this project through the Norfolk and Suffolk Dementia Alliance (NSDA) and Willie Cruickshank, Director of the HIEC acted as project sponsor.

From a wide range of national and international frameworks, a Panel of Experts from Norfolk and Suffolk HIEC partner organisations selected the Michigan Dementia Coalition work as the foundation for the development of their framework. The experts instructed that the values and the use of everyday language demonstrated in the Michigan Framework should be maintained whilst making modifications for its use in a UK setting.

The NSDA wish to acknowledge the intellectual generosity of the Dementia Coalition in Michigan who allowed their framework to be used as the basis of the NSDA Framework.

This is a Norfolk Strategic Workforce Investment for Training (SWIFT) funded project delivered through the Norfolk and Suffolk Health Innovation and Education Cluster (HIEC) - Directed by Willie Cruickshank.

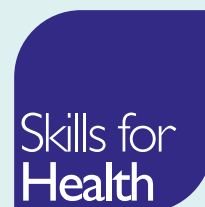
Dorothy Kennerley, as a consultant to the Norfolk and Suffolk Dementia Alliance, engaged with over 200 practitioners to identify their dementia specific learning needs (Dementia Differentials). In this process, they have contributed their practice expertise to identify further areas of competence related to caring for people with dementia in the UK. She edited and collated this framework based on the Michigan Dementia Coalition, Dementia Competencies (2008). The development of the NSDA Competence Framework benefitted from the continued input from the Expert Panel. In particular, the input from Julia Watling, Mary Aldridge and the team from University of East Anglia have significantly added to the framework.

Reference

Michigan Dementia Coalition, Dementia Competencies Workgroup, (2008).

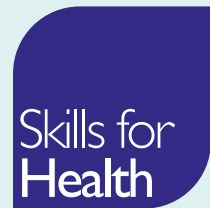
Knowledge and Skills Needed for Dementia Care
A Guide for Direct Care Workers, In Everyday Language,
www.dementiacoalition.org

"Skills for Health is pleased to be able to add our support to this work undertaken by the Norfolk and Suffolk Dementia Alliance. This work not only represents a significant step forward in the way we provide care for people with dementia across Norfolk and Suffolk but provides a resource that is nationally and internationally transferable for use by other organisations striving to deliver high quality services."



We are grateful to the following stakeholder organisations for their involvement in the development of the Norfolk and Suffolk Dementia Alliance:

Endorsed by



- Norfolk & Suffolk Health Innovation & Education Cluster
- Norfolk County Workforce Group
- NHS Norfolk Primary Care Trust
- NHS Great Yarmouth and Waveney Primary Care Trust
- NHS Suffolk Primary Care Trust
- Norfolk County Council
- Suffolk County Council
- University of East Anglia
- University Campus Suffolk
- City College Norwich
- Norfolk and Waveney Mental Health NHS Foundation Trust
- Suffolk Mental Health Partnership NHS Trust
- Norfolk Community Health and Care NHS Trust
- Suffolk Community Services
- Great Yarmouth and Waveney Community Services
- Norfolk and Norwich University Hospitals NHS Foundation Trust
- James Paget University Hospitals NHS Foundation Trust
- Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
- West Suffolk Hospital NHS Trust
- Ipswich Hospital NHS Trust
- East of England Ambulance Service NHS Trust
- Age UK
- Alzheimer's Society
- Norfolk & Suffolk Care Support Ltd
- Voluntary Norfolk



NSDA RESPONSE SHEET

Please retain a copy for photocopying purposes. Additional copies can be downloaded from: www.dementia-alliance.com

DEMENTIA CARE

A PRACTICAL APPROACH TO SELF ASSESSMENT

WHY? Why self assess?

Self assessing will allow you to check, and measure your performance. As a result you'll be able to identify your training and development needs. This will prove valuable as the basis for talking to your manager about how you want to improve and develop specific competences.

Analysing your responses will guide you in helping people with dementia, carers and other staff members to self assess. It will also empower you to support their learning.

A clear view of your own performance will enhance your work within a team, helping you define job descriptions and share knowledge.

HOW? How to self assess?

Always answer with total honesty.

The process is simple. For each competence on the dementia response sheet, please enter one of the four responses from the key below.

Response Key

- 0** = You are clearly accomplished in this competence and demonstrate the behaviours related to it in your regular caring practice, supporting people with dementia.
- 1** = You are competent in some elements of this, but need to learn how to develop and adapt your care so as to demonstrate the full range of the behaviours related to this competence in your regular caring practice for people with the features of dementia.
- 2** = You have never had the opportunity to develop this competence and / or haven't used it for some time. You will need considerable help to demonstrate, regularly, the behaviours related to this competence.
- X** = This competence does not apply to your role

Name: Job title:

Band: Manager:

The Norfolk and Suffolk Dementia Alliance Competence Framework

RESPONSE SHEET

A. Improving your Knowledge

1.	Explain what is meant by the term dementia and identify the primary causes of dementia	
2.	Recognise the key characteristics of dementia including the early signs of dementia and appreciate that these signs can be associated with other medical conditions and/or changes to the person's general circumstances	
3.	Understand the definition and significance of delirium and depression and how this differs from dementia	
4.	Recognise the differences between irreversible and reversible dementia	
5.	Describe how brain changes affect the way a person functions and behaves	
6.	Know the current research findings into cause, prevention and recommended diagnostic procedures	

Continued over...

7.	Discuss why it is important to personalise the care you provide to someone with dementia	
8.	Demonstrate that you understand the use, effects, side effects and undesirable effects of medication used to manage symptoms of dementia.	
9.	Demonstrate a knowledge and understanding when caring for people with dementia.	
10.	Recognise that there are different ways of thinking about dementia	
11.	Demonstrate an understanding of the legal and ethical issues involved in caring for people with dementia and designed to protect people with dementia	
12.	Understand why a person with dementia may be more vulnerable to abuse and neglect.	

B. Being Person Centred

13.	Discuss the characteristics of person-centred care.	
14.	Describe how you can give care to help the person with dementia be comfortable and secure, as well as live a full and meaningful life.	
15.	Describe how knowing a person’s background, culture, and experiences can help you give the best possible care.	
16.	Describe how your background, culture, experiences, and attitudes may affect how you give care.	

C. Caring Interactions

17.	Provide help with physical care tasks in ways that match the needs and abilities of the person and supports disability.	
18.	Recognise and report on changes to physical and cognitive function.	
19.	Support a variety of care options, which may be available to the person with dementia.	
20.	Understand the importance of positive interactions with people with dementia.	
21.	Support Advance Care Planning.	

D. Communicating Sensitively

22.	Identify and support the feelings – whether spoken or otherwise expressed - of the person with dementia.	
23.	Show effective ways of listening to and communicating with someone who has dementia.	
24.	Understand the factors which can affect interactions and communication of individuals with dementia.	
25.	Understand that individuals with dementia may communicate in different ways, verbally and non verbally.	

E. Understanding Distressed Behaviours

26.	Understand that how a person behaves is a form of communication. Behaviours may reflect emotions or unmet needs or may be triggered by physical illness.	
27.	Recognise that what a person thinks is acceptable behaviour is his or her own reality. Many things, including their cultural background and family dynamics, may influence this. These influences can affect behaviour related to gender roles, eye contact, and personal space.	
28.	Recognised distressed behaviours and describe helpful responses to distressed behaviours that you find “challenging” or “difficult.”	

Continued over...

F. Enriching Lives

29.	Consider the person’s abilities, needs, desires, and interests while providing comfort, a sense of living well and independence.	
30.	Support and encourage the person to continue their usual activities, social life and community involvement.	
31.	Recognise how important it is for people to do activities that give meaning and purpose. The activities are often a part of their culture and background.	
32.	Recognise how important pleasurable activities are in a person’s life. These may include sexual activities, intimacy and feeling close to others.	
33.	Support the person with dementia to retain safe independence and a good quality of life through adapting their home or the area in which they are living and / or using assistive technologies.	

G. Supporting Family Members and Other Carers

34.	Respond respectfully to the family’s unique relationships, experiences, cultural identity, and losses.	
35.	Use a positive and accepting approach with family members or when talking about the family with other staff.	
36.	Get and use information about the individual’s personal history; personal, religious and spiritual preferences; and cultural and ethnic background.	
37.	Ensure carers have access to assessments of their own needs.	

H. Working as Part of Many Teams

38.	Learn about the services available to the person with dementia.	
39.	Plan care based specifically on the needs of the individual.	
40.	Recognise the family as part of the care giving team.	
41.	Explain positive ways to talk with supervisors and co-workers to address differences and ideas about care giving and what you believe is best for the person with dementia.	

I. Caring for Yourself

42.	Identify your own feelings, beliefs, or attitudes that may affect your caring relationships.	
43.	Identify helpful ways to prevent and cope with your own stress and burnout.	
44.	Identify the ways you cope with grief and loss.	

J. Managing, Training and Supporting the Team

45.	Promote an environment that encourages people to grow, develop and use their full potential by balancing support and accountability.	
46.	Provide opportunities and encourage caregivers to develop a quality relationship with each individual, which gives work meaning and purpose.	
47.	Give care givers the information and tools they need to work effectively with people with dementia at all stages.	

Continued over...

DEMENTIA CARE

A PRACTICAL APPROACH TO SELF ASSESSMENT

Action plan

Competence to be developed	What ways will enable learning?	How will success be measured?	Completion date

Notes/Comments