

Title	Demonstrate knowledge of providing support for people living with dementia		
Level	4	Credits	10

Purpose	<p>People credited with this standard can:</p> <ul style="list-style-type: none"> • demonstrate knowledge of the impact of dementia on the behaviour of people who live with dementia; • describe the physiological impacts of dementia; • describe the impact of dementia on a person's daily life and on their carer; • describe how to support people living with dementia in a health or wellbeing setting; and • describe best practice restraint minimisation for supporting people who live with dementia.
----------------	--

Classification	Health, Disability, and Aged Support > Older Persons' Health and Wellbeing
-----------------------	--

Available grade	Achieved
------------------------	----------

Guidance Information

1 Range

Evidence generated for assessment against this standard must reflect workplace requirements specified in:

- documented workplace procedures, policies, and methodologies;
- applicable health and safety plans, contract work programmes, and quality assurance programmes.

Evidence generated for assessment against this standard must reflect the values, processes, and protocols required to work with Māori, Pasifika, and people from diverse cultures.

Evidence generated for assessment against this standard must reflect the legislative and regulatory requirements specified in:

- Health and Disability Services (Safety) Act 2001;
- Health and Safety at Work Act 2015;
- Health Practitioners Competence Assurance Act 2003;
- Human Rights Act 1993;
- Privacy Act 1993;
- Privacy Act 2020;
- Protection of Personal and Property Rights Act 1988;
- Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996;
- Health Information Privacy Code 1994.

Evidence generated for assessment against this standard must reflect the best practice guidelines and principles specified in:

- NZS 8134.0:2008 Health and Disability Services (General) Standard;
 - NZS 8134.1:2008 Health and Disability Services (Core) Standards;
 - NZS 8134.2:2008 Health and Disability Services (Restraint Minimisation and Safe Practice) Standards;
 - NZS 8158:2012 Home and Community Support Sector Standard;
- NZS and SNZ standards can be retrieved from <http://www.standards.co.nz/>.

2 Definitions

Dementia refers to a progressive and degenerative condition of the brain caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning.

Health or wellbeing setting is a setting in which care is provided for a person who requires support to meet daily health or wellbeing needs. Examples of health and wellbeing settings include aged and acute care facilities, disability and mental health support facilities, and community and social service support services in the home or other private residence.

Person-centred approach is an approach that encourages participation and choice for the person being supported. It accounts for their unique qualities, abilities, interests, preferences, and needs. In the context of this standard, a person-centred approach acknowledges the individuality of people with dementia and the impact of their personality and life experiences on how they live with dementia. It acknowledges the importance of the person's perspective, and their social, mental, emotional, spiritual, and cultural needs. It recognises and encourages the importance of relationships and interactions with others, and supports continuation of those relationships as enhancing the support of the person with dementia.

Personal plan is a plan developed with a person receiving support. It specifies the person-centred approaches that will be used to support a person living with dementia. A personal plan may include family, whānau, and care partners of people who live with dementia.

Restraint is anything limits a person's normal freedom of movement. It can be personal, physical, environmental, chemical (medication), or seclusion. Restraint must not be used as a routine measure. It is a serious intervention of last resort requiring robust clinical justification and oversight. For people living with dementia, restraint can cause considerable distress, and should be used only after all other strategies have been considered.

Te Whare Tapa Whā is model for understanding Māori health. It is based on the concept of 'te whare tapa whā' – the four cornerstones (or sides) of Māori health.

3 Reference

Ministry of Health. *Te Whare Tapa Whā: Māori Health Model/Haora Māori*. Ministry of Health. Retrieved from <https://www.health.govt.nz/>.

Outcomes and performance criteria

Outcome 1

Demonstrate knowledge of the impact of dementia on the behaviour of people who live with dementia.

Performance criteria

- 1.1 The ways in which dementia might impact behaviour are described.
- Range four examples;
examples of common behavioural impacts include: aggression and agitation, over-reacting to events, disinhibitions, hoarding, rummaging, sexually inappropriate behaviour, late-day confusion (sundowning), hallucinations, wandering.
- 1.2 The factors that may contribute to behavioural change in a person living with dementia are described.
- Range six factors;
examples of factors include: anxiety, challenges to self-esteem and dignity, communication problems, cultural factors, dealing with loss and grief, delirium, environment, infection, life experiences, medication, physical needs, pre-morbid personality, sensory issues, service limitations.
- 1.3 Strategies to reduce the impact of dementia on behaviour are described.
- Range six strategies;
examples of strategies include: avoidance of triggers, pain management, ensuring basic needs have been met (food, hydration, toileting, companionship), behavioural strategies (diversion), communication techniques, complementary therapies, debriefing, individualised personal plans, keeping a behaviour log to identify trends and patterns, safe social and physical environment, staff education and training, stress management, time out.

Outcome 2

Describe the physiological impacts of dementia.

Performance criteria

- 2.1 Dementia is defined and distinguished from the normal ageing process of the brain.
- Range loss of nerve cells, slower reactions and decisions, memory changes, plaques, tangles.
- 2.2 Dementia is distinguished from delirium and depression.
- Range two differences between delirium and dementia;
two differences between dementia and depression;
two differences between delirium and depression.
- 2.3 Types of dementia are described.

Range three of: Alzheimer's disease, vascular dementia, Lewy body dementia, frontotemporal dementia.

2.4 The stages of dementia are described.

Range early, mid, advanced.

Outcome 3

Describe the impact of dementia on a person's daily life and on their carer.

Performance criteria

3.1 The impact of dementia on a person's daily life is described.

Range cognitive, functional, behavioural, psychological;
two impacts for each.

3.2 The impact of dementia on family, whānau, and carers is described.

Range psychological, physiological, social, emotional, cultural.

Outcome 4

Describe how to support people living with dementia in a health or wellbeing setting.

Performance criteria

4.1 Person-centred approaches for supporting a person living with dementia are described for each stage of dementia.

Range two approaches for each of early, mid, and advanced stage dementia;
person-centred approaches include: physiological, social, physical, spiritual, cultural;
for people intending to provide support in a Māori context, person-centred approaches may include *Te Whare Tapa Whā*: taha tinana (physical health), taha wairua (spiritual health), taha whānau (family health), taha hinengaro (mental health).

4.2 Best practice communication techniques used to engage with and support a person living with dementia are described.

Range evidence is required of four communication techniques;
communication includes: the person living with dementia;
communication may include: family, whānau, care partner;
examples of best-practice communication techniques include: short sentences, speaking directly to the person, ensuring you have their attention, eliminating competing noise, making one point at a time, framing questions to ask only one thing at a time.

- 4.3 Meaningful engagement activities and the importance of their inclusion in a personal plan for a person living with dementia are described.
- 4.4 Co-existing conditions and their impact on a person living with dementia and the provision of support are described.

Range two co-existing conditions;
 examples of co-existing conditions include: asthma, chronic obstructive pulmonary disease (COPD), chronic wounds, congestive heart failure and/or other heart conditions, depression, diabetes, epilepsy, hypertension, multiple sclerosis, obesity, Parkinson's disease, respiratory disease, stroke.

Outcome 5

Describe best practice restraint minimisation for supporting people who live with dementia.

Performance criteria

- 5.1 Strategies for minimising restraint for a person living with dementia are described according to NZS 8134.2:2008 *Health and Disability Services (Restraint Minimisation and Safe Practice) Standards*.

Range four strategies;
 examples of strategies include: meaningful engagement; medication, identifying and removing unintentional restraints, identifying least restrictive restraint options, regular review and evaluation of restraints, calming and de-escalation strategies, ensuring basic needs have been addressed (for example; toileting, food and fluids, companionship), determining and addressing other stress factors before considering restraint, use of a holistic need checklist.

- 5.2 Identify and describe any relevant organisational restraint minimisation processes.

Planned review date	dd MMMM yyyy
----------------------------	--------------

Status information and last date for assessment for superseded versions

Process	Version	Date	Last Date for Assessment
Registration	1	20 March 2008	31 December 2017
Revision	2	21 January 2011	31 December 2017
Review	3	18 June 2015	TBA
Review	4	19 November 2015	TBA
Review	5	dd MMMM yyyy	N/A

Consent and Moderation Requirements (CMR) reference	0024
--	------

This CMR can be accessed at <http://www.nzqa.govt.nz/framework/search/index.do>.

Comments on this unit standard

Please contact Careerforce info@careerforce.org.nz if you wish to suggest changes to the content of this unit standard.