

Title	Provide 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"> • identify the impacts of dementia on the daily lives of people affected by it; • develop a personal plan with a person who lives with dementia; • support people living with dementia in a health or wellbeing setting; • observe and respond to changes for a person living with dementia; • reduce the impact of distressing behaviour to support a person living with dementia; and • provide support to minimise the impacts of dementia on those supporting a person living with dementia.
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Classification	Health, Disability, and Aged Support > Older Persons' Health and Wellbeing
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Available grade	Achieved
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Guidance Information

1 Scope of practice
 People awarded credit for this unit standard are competent to provide support under the guidance and delegation of a health professional registered with an Authority appointed under the Health Practitioners Competence Assurance Act 2003. The registered health professional must be appointed to deliver health services according to a defined scope of practice which includes support for people living with dementia.

2 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;
- 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;
- SNZ HB 8134.5:2005 Health and Disability Sector Standards – Proposed Audit Workbook and Guidance for Residential Services for People with Dementia;
- SNZ HB 8134.6:2006 Best Practice Guidance for Community Services for People with Dementia and Proposed Audit Workbook;
- SNZ HB 8163:2005 Indicators for Safe Aged-care and Dementia-care for Consumers.

NZS and SNZ standards can be retrieved from <http://www.standards.co.nz/>.

3 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 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.

4 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

Identify the impacts of dementia on the daily lives of people affected by it.

Range psychological, physiological, social, emotional, cultural.

Performance criteria

- 1.1 The impacts of dementia on a person living with dementia are identified.
- 1.2 The impacts of dementia on family, whānau, and carers of people living with dementia are identified.

Outcome 2

Develop a personal plan with a person who lives with dementia.

Performance criteria

- 2.1 A personal plan is developed with input from a person living with dementia. Where possible, the personal support plan includes input from family, whānau, and carer partners.

Range personal plan includes: the person's goals, activities that are meaningful for the person;
personal plan addresses the impacts of dementia on: a person living with dementia;
the personal plan may include the impacts of dementia on: family, whānau, carers of people living with dementia.

Outcome 3

Support people living with dementia in a health or wellbeing setting.

Performance criteria

- 3.1 Person-centred approaches are used to support a person living with dementia.

Range two approaches for each of early, mid, and advanced stage dementia;

person-centred approaches include: physiological, social, physical, spiritual, cultural, emotional;
 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).

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

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.

3.3 Support for a person living with dementia includes support for co-existing conditions and their impact on the person living with dementia.

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 4

Observe and respond to changes for a person living with dementia.

Performance criteria

4.1 Any changes in a person are observed, recorded, and reported.

Range four observations; examples of changes include changes to: condition; signs, symptoms, behaviour.

4.2 Strategies for responding to changes are agreed with the person, and/or family or whānau, included in the personal plan, and applied to meet the objectives of the plan.

Range one strategy for each change; examples of strategies include: risk management, communication, information provision.

Outcome 5

Reduce the impact of distressing behaviour to support a person living with dementia.

Performance criteria

- 5.1 Behaviours and their causes that may distress a person living with dementia or others are identified.
- Range examples of distressing behaviours include: aggression and agitation, over-reacting to events, disinhibitions, hoarding, rummaging, sexually inappropriate behaviour, late-day confusion (sundowning), hallucinations, wandering.
- 5.2 Strategies are applied to reduce the impacts of distressing behaviour.
- Range two people; six strategies for each person; 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.
- 5.3 Strategies to avoid the need to restrain a person living with dementia are used for a person living with dementia.
- Range two strategies; examples of restraint avoidance strategies include: identifying unintentional restraints, eliminating unnecessary restraints, 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.

Outcome 6

Provide support to minimise the impacts of dementia on those supporting a person living with dementia.

Range two people from: family, whānau, care partners.

Performance criteria

- 6.1 The impacts on people who provide support to those living with dementia are observed and recorded.
- Range four impacts; examples of impacts include: abuse, burnout, loneliness, loss and grief, personal loss, role change, stress.
- 6.2 People supporting those living with dementia are provided with strategies to help them cope with the impact of dementia on their lives.

Range two strategies for each affected person; examples of strategies include: communication, techniques for dealing with loss and grief, debriefing, information provision, risk management, self-advocacy, stress management, taking time out.

6.3 The means of access and purpose of support and advocacy services for people who support those living with dementia are identified and described.

Range local and national support services.

Planned review date	dd MMMM yyyy
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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	dd MMMM yyyy	N/A

Consent and Moderation Requirements (CMR) reference	0024
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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.