



Dementia Core Skills Education and Training Framework

This Framework was commissioned and funded by the Department of Health and developed in collaboration by Skills

Acknowledgements

This Framework was commissioned and funded by the Department of Health and developed in collaboration by Skills for Health and Health Education England in partnership with Skills for Care.

Development of the Framework was steered by an expert group co-chaired by Professor David Sallah (Clinical Lead - Mental Health Workforce, Health Education England) and Christina Pond (Executive Director, Skills for Health). Desk research was led by Dr Olga Koslowska (University of Wolverhampton) and the Framework was compiled by Colin Wright (Skills Framework Manager, Skills for Health).

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- Alzheimer's Society
- Dementia Pathfinders
- Dementia UK
- Department of Health
- ExtraCare
- Guys & St Thomas Hospital
- Health Education England
- Health Education South West
- Imperial College
- NHS Crawley Clinical Commissioning Group
- Public Health England
- Royal College of General Practitioners
- Royal College of Nursing
- Royal College of Psychiatrists
- Skills for Care
- Skills for Health
- Social Care Institute for Excellence
- University of Birmingham
- University of Bradford
- University of Sussex (Brighton and Sussex Medical School)
- University of Wolverhampton
- University of Worcester.

In addition we would like to thank the many other people who provided comments and feedback on drafts of the Framework during the project and particularly the 84 respondents to the online consultation survey.

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Foreword from Alistair Burns

Dementia awareness is at its highest. Interest from all parts of the health and care spectrum abounds with a thirst for knowledge, guidelines and information from prevention to end of life care and everything in between. Education, training and skills acquisition are a hallmark of good dementia care. There is a myriad of extant material available and no shortage of guidelines and courses which will enhance the skills of individuals looking after people with dementia.

This Dementia Core Skills Education and Training Framework is an extraordinarily useful resource which details the essential skills and knowledge necessary across the health and social care spectrum. Three tiers are described: 1 - awareness, which everyone should have; 2 – basic skills which are relevant to all staff in settings where people with dementia are likely to appear and; 3 - leadership.

It is extremely well referenced not just in terms of guides for people with dementia but also for educationalists and people who develop professional guidelines for care. The architects should be really proud of its publication and, for me, five things are particularly worthy of note.

First, the authoritative nature of the document shines through. It has an impressive group of organisations and individuals as contributors and commentators and from that comes not just an implicit authority but a well-informed one. Second, it builds on a pragmatic approach to dementia education and skills in a clear and logical way and as such is a model of clarity. Third, its reach. It crosses all the paths from prevention through to end of life care and on the way deals with person centred care, living well with dementia and ethical issues. It is appropriate for everyone who works at any point across the dementia care pathway and has relevance to all disciplines. Fourthly, there is a need for education initiatives to show benefits, in terms of increasing staff effectiveness in practice and improved outcomes for people who use health and care services. The efficacy and relevance of this Framework is going to be tested in practice to ensure that people living with dementia receive the best quality of education and training. Finally, there is a need to ensure its relevance to all staff across health and social care.

All these approaches are in line with the aspiration of ensuring that the diagnosis, treatment and care of people living with dementia in England is among the best in Europe.

This document should act as a landmark resource for anyone who is concerned, directly or indirectly, with educational aspects of dementia care. It should inform curricula, provision of educational courses and the development of projects in dementia.

Alistair Burns, CBE, FRCP, FRCPsych.

National Clinical Director for Dementia, NHS England
Professor of Old Age Psychiatry, University of Manchester

Foreword from joint chairs of the national expert steering group

Skills for Health and Health Education England (in partnership with Skills for Care) were pleased to be commissioned by the Department of Health to develop a core skills education and training framework for the workforce supporting and caring for people living with dementia. The Framework supports workforce development, building upon the original objectives of the National Dementia Strategy and specific to implementation of the Prime Minister's Challenge on Dementia and HEE Mandate.

The Prime Minister's Challenge on Dementia highlights key aims for the transformation of dementia care, support and research by 2020. The Core Skills Education and Training Framework will help to achieve these aims by supporting the development and delivery of appropriate and consistent dementia education and training for the health and care workforce.

During the course of developing the Framework, we have applied the best of the available evidence throughout the treatment and care journey; from individual's own home into hospital as inpatients, and from primary care and community into care homes. We have taken into account the particular needs of the social care workforce and have matched the core learning outcomes of the Framework to the various care workforce groups and the Regulated Qualifications Framework.

We are confident that this framework will help guide a more efficient and consistent approach to the delivery of dementia training and education. It will help to prevent unnecessary duplication of training by setting out the core skills and knowledge that are transferable and applicable across different types of service provision. It includes expected learning outcomes for training delivery, key policy and legal references and is aligned to related national occupational standards.

The framework will also serve as a medium through which education and training can be measured in terms of positive outcomes for people living with dementia, their families and carers.

We are grateful to all those individuals and organisations who have generously shared their experience and expertise and worked in partnership with us to develop the framework.

Professor David Sallah
Clinical Lead - Mental Health Workforce
Health Education England

Christina Pond
Executive Director
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Introduction

Background

The Dementia Core Skills Education and Training Framework was commissioned and funded by the Department of Health and developed in collaboration by Skills for Health and Health Education England (HEE) in partnership with Skills for Care. The Framework supports implementation of the HEE mandate and the objectives for education, training and workforce development set out in the Prime Minister's Challenge on Dementia 2020. In particular, the aim is to support the development and delivery of appropriate and consistent dementia education and training for the health and care workforce.

Scope of the Framework

The care pathway for a person living with dementia, their families and carers will involve a workforce that is extensive and diverse, including many staff closely engaged in providing clinical care as well as offering information, support and assistance. This care may be offered in a broad variety of settings including an individual's own home, community settings, residential care homes and acute hospitals. In addition, care may be provided by support staff and other individuals who interact with those affected by dementia and who therefore need to have an awareness and understanding of the specific needs of people living with dementia and those of their carers.

The Dementia Core Skills Education and Training Framework is structured in three tiers to reflect the scope of HEE's principal mandate requirements. With increasing levels of integration between health and social care services and their respective workforces, it is also important to recognise how the Core Skills Education and Training Framework relates to the different workforce groups within social care as summarised on the table below:

HEE Tier	Matched social care workforce
Tier 1: dementia awareness raising, in terms of knowledge, skills and attitudes for all those working in health and care settings	Group 1: all of the social care workforce – dementia awareness
Tier 2: knowledge, skills and attitudes for roles that have regular contact with people living with dementia	Group 2: people who are providing personalised direct care and support to people with dementia
Tier 3: enhancing the knowledge, skills and attitudes for key staff (experts) working with people living with dementia designed to support them to play leadership roles	Group 3: Clinical practitioners /managers and other health care leaders who are managing care and support services for people with dementia Group 4: health and social care leaders and managers who are managing care and support services and interventions with people with dementia which includes social workers, and occupational therapists working in social care

NB. This Framework aims to describe core skills and knowledge i.e. that which would be transferable and applicable across different types of service provision. Additional learning outcomes may be locally determined to meet education and training needs in specific settings e.g. according to local context, risk assessment or policy.

Development of the Framework

Development of the Framework was guided by an expert group comprising representatives of key stakeholders, including relevant Royal Colleges, health, social care and education sector organisations. A reference group was also established to include a wider range of organisations and individuals (including service users and carers) that wished to be kept up-to-date on development of the Framework and to provide comments or feedback as part of the consultation process.

The first phase of the project focussed on desk research to identify and review existing resources, leading to production of a report at the end of September 2014. The report:

- identified and reviewed existing resources from the UK including relevant guidelines, training resources, qualifications, frameworks and curricula
- reviewed the current position regarding relevant nationally available e-learning provision
- reviewed the literature to consider any significant developments in other countries of Europe and globally that could inform development of the Framework
- provided analysis of core competencies for dementia education and training across the health and social care workforce.

The development of the Framework was based on the findings of the desk research, consultation with the expert group, reference to related initiatives such as the piloting of the Care Certificate and the findings of an online consultation completed in February 2015. Key references which informed the development of the Framework are presented in Appendix 8. In particular, the Framework builds upon substantial previous activity to develop standards and frameworks for dementia education and training including:

- Higher Education for Dementia Network (HEDN) (2013), A Curriculum for UK Dementia Education
- Health Education South West (July 2014), Project on the development of an education framework for the care of frail older people and those with dementia
- London Dementia Strategic Clinical Network (2014), Guide to dementia training for health and social care staff in London: Improving quality of care
- Norfolk & Suffolk Dementia Alliance, A practical guide to Fundamental Care for People with Dementia
- PenCLAHRC (2014), Dementia education: Empirical evidence of curricula standards and criteria to support Dementia Education
- Scottish Government (2011), Promoting Excellence: A framework for all health and social services staff working with people with dementia, their families and carers
- Skills for Care, Skills for Health and Department of Health, (2011) Common Core Principles for Supporting People with Dementia. A guide to training the social care and health workforce

Structure of the Framework

The Framework is presented in 14 subjects - each subject comprises:

- an introduction
- suggested target audience
- key learning outcomes
- links to relevant guidance and/or legislation
- links to relevant national occupational standards, skills frameworks and regulated qualifications components.

Appendices include:

- sources of further guidance
- user guide
- links to relevant standards, curricula and qualifications
- suggested standards for training delivery
- guidance on frequency of refresher training or assessment

The subjects are numbered (1 to 14) for ease of reference. This does not indicate a prescribed process or subject hierarchy; relevant subjects can be selected from the Framework as required.

Within each subject, the learning outcomes are presented for relevant tiers and social care workforce groups. The learning outcomes are intended to provide a clear focus on what a learner should know, understand or be able to do following completion of any learning activity (further explanation of the learning outcomes is provided in Appendix 2).

The Framework is incremental i.e. tiers 2 and 3 assume that learners possess the skills and knowledge at preceding levels (to minimise unnecessary repetition).

Benefits of the Framework

The Framework is applicable to employers, their employees and also to educational organisations that train students who will be employed in the range of health and care settings. Use of the Framework will support organisations to:

- standardise the interpretation of dementia education and training
- guide the focus and aims of dementia education and training delivery
- ensure the educational relevance of dementia training
- improve the quality and consistency of education and training provision.

The Framework also supports the assessment of competence, training needs analysis and provision of minimum standards of performance within performance management systems (e.g. as part of supervision or appraisal). Further guidance on using the Framework is available in Appendix 2.

Summary of Framework subjects and the relevant target audience

Subject		Target audience						
		Tier 1	Group 1	Tier 2	Group 2	Tier 3	Group 3	Group 4
1	Dementia awareness	●	●	●	●	●	●	●
2	Dementia identification, assessment and diagnosis			●	●	●	▸	▸
3	Dementia risk reduction and prevention			●	●	●	●	●
4	Person-centred			●	●	●	●	●
5	Communication, interaction and behaviour in dementia care			●	●	●	●	●
6	Health and well-being in dementia care			●	●	●	▸	▸
7	Pharmacological interventions in dementia care			●	●	●	▸	▸
8	Living well with dementia and promoting independence			●	●	●	●	●
9	Families and carers as partners in dementia care			●	●	●	●	●
10	Equality diversity and inclusion in dementia care			●	●	●	●	●
11	Law, ethics and safeguarding in dementia care			●	●	●	●	●
12	End of life dementia care			●	●	●	●	●
13	Research and evidence-based practice in dementia care			●	●	●	●	●
14	Leadership in transforming dementia care					●	●	●

Key: ● = fully applicable ▸ = partly applicable

About the three tiers

Tier 1

Raising dementia awareness, in terms of knowledge, skills and attitudes for all those working in health and care settings.

Relevant to the entire health and care workforce including ancillary staff. This could form part of induction training and also provide a foundation for more advanced practice.

*Matched to social care **workforce group 1** i.e. all social care staff including those not providing direct care and support such as catering, maintenance or administration staff.*

Tier 2

Knowledge, skills and attitudes for roles that have regular contact with people living with dementia.

Relevant to all health and care staff in settings where they are likely to have regular contact with people affected by dementia. This also underpins the more specialist skills and knowledge required at tier 3.

*Matched to social care **workforce group 2** i.e. social care staff directly providing care and support which would include care assistants working in residential or home care and also personal assistants.*

Tier 3

Enhancing the knowledge, skills and attitudes for key staff (experts) working with people living with dementia and designed to support them to play leadership roles.

Relevant to staff working intensively with people affected by dementia including those who take a lead in decision making and developing or disseminating good practice.

*Matched to social care **workforce groups 3 and 4** i.e.*

Registered managers and other social care leaders includes operational managers who have responsibility for services which provide care and support to people with dementia.

Social Care practice leaders, managers and a range of key staff including social workers who work intensively with people affected by dementia including those who take a lead in decision making and developing or disseminating good practice. Staff in this group will use the framework in conjunction with their relevant professional standards.



Subject 1: Dementia awareness

Introduction

With an aging population, the number of people in the UK living with, or at risk of dementia is continuing to rise. In 2009, the government responded with a national dementia strategy¹ which included the priority to improve dementia awareness. Building on this strategy, the Prime Minister's Dementia Challenge launched in 2012 focused on areas of action to make a difference to those affected by dementia and in 2015 the Department of Health published the Prime Minister's Challenge on Dementia to 2020² which renewed the commitment to provision of tier 1 dementia awareness training.

Dementia awareness is therefore a key priority for the entire health and care workforce. In addition to those providing clinical care or support for people living with dementia, care may be provided by support staff and other individuals who interact with those affected by dementia and who therefore need to have an awareness and understanding of the specific needs of people living with dementia and those of their carers.

¹. Department of Health (2009), *Living Well with Dementia: A National Dementia Strategy*

². Department of Health (2015) *Prime Minister's Challenge on Dementia 2020*

Caring for people with dementia and their families is central to nursing and this dementia care resource is designed to assist you to care for people with dementia skilfully, compassionately and knowledgeably, in a variety of settings. Worldwide there are growing numbers of people with dementia and these figures are predicted to rise considerably, due to an increase in the number of people living longer (Alzheimer's Disease International 2010). In the United Kingdom, over 800,000 people live with dementia and the number is expected to double in the next 30 years (Department of Health [DH] 2010). One in four people in acute hospital settings have dementia (Alzheimer's Society 2009); they may be in hospital for a range of clinical reasons, e.g. infections, falls or strokes. In addition, at least two-thirds of people in care homes have dementia (DH 2009) and many other people with dementia live at home, supported by community health and social care teams.

This resource supports you in learning about dementia care during practice learning, using reflective activities. It can direct you to a range of online and other learning resources to support your learning. We are grateful to our colleagues from the the University of Bedfordshire who initially designed this workbook to ensure that you meet Skills for Health and Skills for Care (2011) *Common core principles for supporting people with dementia* and University of Lincoln who have updated it.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215562/dh_127587.pdf

Instructions

- You can start and complete the workbook at any time but some activities require discussion with your supervisor.
- Remember that any work you produce in relation to practice-based activities must be anonymised to ensure confidentiality of patients, families, staff and organisations.
- We recognise that website addresses can change over time. If you find that any website address does not work, try searching the keywords or locate an alternative source to access the information you need. Dementia care is a developing field and you will find additional resources which you can use to support you in your learning.

Target audience

The entire health and social care workforce (Tiers 1, 2 and 3).

Key learning outcomes

The learner will:

- a) know what is meant by the term dementia
- b) Understand the nature of dementia and how it affects each individual and their family.
- c) be aware of the prevalence of dementia in the UK population
- d) be able to recognise signs of dementia and also be aware that these signs may be associated with other conditions or circumstances
- e) know what actions individuals can take to reduce their risk of dementia, or to delay onset

- f) know why early diagnosis of dementia is important
- g) know the actions that people affected by dementia can take in order to live as well as possible after diagnosis
- h) understand the importance of recognising a person with dementia as a unique individual
- i) be aware of the impact of dementia on individuals, families and society
- j) gain insight into the impact of the hospital environment on people with dementia.
- k) be able to communicate effectively and compassionately with individuals who have dementia
- l) Understand and respect people with dementia.
- m) understand reasons why a person with dementia may exhibit signs of distress and how behaviours seen in people with dementia may be a means for communicating unmet needs
- n) to signpost individuals, families and carers to dementia advice, support and information.

NB. These core learning outcomes for dementia awareness may be supplemented by additional outcomes to take account of factors such as type of role, location, service need and risk analysis. Dementia awareness also needs to be understood in conjunction with related statutory and mandatory subjects as appropriate to role.

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to dementia awareness are shown below:

Guidance

- [Department of Health \(2009\), Living Well with Dementia: A National Dementia Strategy, Chapter 3: Raising awareness and understanding](#)
- [Department of Health \(2015\) Prime Minister's Challenge on Dementia 2020](#)
- [Skills for Care and Skills for Health \(2011\), Common Core Principles for Supporting People with Dementia, Principle 1: Know the early signs of dementia](#)

Legislation

[Mental Capacity Act 2005](#)

[Care Act \(2014\)](#)

Useful resources

Textbooks

Adams T and Manthorpe J 2003 *Dementia Care* London. Arnold

Barker S and Board M 2012 *Dementia care in nursing*. London sage

Brooker, D. (2007) ***Person centred dementia care : making services better***. London : Jessica Kingsley

Cheston R and Bender M 1999 London. *Understanding dementia; The man with the worried eyes*. Jessica Kingsley

Downs, M.; Bowers, B. (Eds) (2008) *Excellence in dementia care: research into practice*. Maidenhead : Open University Press

Heath, H. (2010) ***Improving quality of care for people with dementia in general hospitals***. London Royal College of Nursing

Kitwood T 1997. *Dementia reconsidered; The person comes first*. Buckingham. Open University Press.

May, H.; Edwards, P.; Brooker, D. (2009) ***Enriched care planning for people with dementia: a good practice guide for delivering person-centred dementia care***. London: Jessica Kingsley

Moniz-Cook, E.; Manthorpe, J. (Eds) (2008) *Psychosocial interventions in early dementia : evidence-based practice*. London : Jessica Kingsley

Morris, G; Morris, J. (2010) *The dementia care workbook* Maidenhead : McGraw-Hill Open University Press

Steele, C. (2010) ***Dementia care*** New York/ London: McGraw-Hill Medical

Stokes, G. (2010) *And still the music plays: stories of people with dementia.* London : Hawker Publications Ltd

Stokes G and Goudie F 2002 *The essential dementia care handbook.* Milton Keynes;

Walsh D 2006 *Dementia Care Training Manual for Staff working in Nursing and Residential Settings.* London; Jessica Kingsley Publishers

Walsh D 2012 *The Activity and Reminiscence Yearbook.* Milton Keynes

Websites

Alzheimer's Society: <http://www.alzheimers.org.uk/>

Dementia Carers: <http://www.dementiacarers.com>

Social Care Institute for Excellence, Dementia Gateway:
<http://www.scie.org.uk/publications/dementia/index.asp>

UK Wandering Network Weblink: <http://wanderingnetwork.co.uk/Welcome.htm>

My Home Life <http://myhomelife.org.uk/resources/dementia/>

<http://www.alzheimersresearchuk.org/dementia-information>

<http://www.lost-chord.org.uk/>

<http://tommy-on-tour-2011.blogspot.co.uk/>

IDEA (Improving Dementia Education and Awareness)

Information on topics such as Singing for the Brain. It also has many free online courses. Visit www.idea.nottingham.ac.uk

IDEA (Improving Dementia Education and Awareness)

Information on topics such as Singing for the Brain. It also has many free online courses. Visit www.idea.nottingham.ac.uk

Teepa Snow

If you like to learn by watching, try the short video clips of Teepa Snow on Youtube. She is an American OT who specialises in dementia care and teaching carers to manage challenging and distressing behaviours.

www.youtube.com/user/teepasnow

Stirling University has a website with a huge amount of information on research, publications, creativity in dementia, designing environments – lighting, signs, colours.

www.dementia.stir.ac.uk

The Kings Fund have some interesting documents on environments for people living with dementia. <http://www.kingsfund.org.uk/publications/developing-supportive-design-people-dementia>

Bradford University similarly have information on research and training.
<http://www.bradford.ac.uk/health/career-areas/bradford-dementia-group>

College of Occupational Therapy has developed a 'Toolkit' of ideas for activities to use with people in care homes. Although not just for people with dementia, this has very useful information and ideas. Look on the 'Care home staff resources' section.
www.cot.co.uk/living-well-care-homes

[Derby University Mass Online Open Course for more learning around dementia](http://www.derby.ac.uk/online/mooc/bridging-dementia-divide)
<http://www.derby.ac.uk/online/mooc/bridging-dementia-divide>

Reports

Alzheimer's Disease International (2010) *World Alzheimer Report 2010: the global economic impact of dementia*. London: Alzheimer's Disease International.

Alzheimer's Society (2009). *Counting the cost: caring for people with dementia on acute hospital wards*. London: Alzheimer's Society.

Department of Health (2009) *Living Well with Dementia – A National Dementia Strategy*. Gateway reference 11198. London: DH.

Department of Health (2010) *Quality outcomes for people with dementia: building on the work of national dementia strategy*. Leeds: DH.

National Institute of Health and Clinical Excellence (2006) *Dementia: Supporting people with dementia and their carers in health and social care. Clinical Guideline 42*. Amended 2011. London: NICE.

Nuffield Council on Bioethics (2009) *Dementia: Ethical Issues*. London: Nuffield Council on Bioethics.

Royal College of Psychiatrists (2011). *Report of the National Audit of Dementia Care in General Hospitals*. Editors: Young J, Hood C, Woolley R, Gandesha A and Souza R. London: Healthcare Quality Improvement Partnership.

Dementia in the Arts

A few films to help you gain an insight.

People with dementia are increasingly represented in the arts, especially films and novels. This is probably a reflection of the growing number of older people in the global population and the concurrent increase in the number of older people with dementia, especially in the developed world. The challenges presented to the individual and their family by dementia are complex and numerous. As such they lend themselves well to interpretation by the arts.

Using the arts to explore a non-arts subject has long been recognised as beneficial for learning. The arts also have the bonus of being pleasurable for most people! One of the benefits of the arts in this context is their ability to engage us personally. When this happens we are also normally engaged emotionally, so it is possible to evoke empathetic responses to what we see or read. This enables us to gain some insight into the lived experiences of others, e.g. that of people with dementia and their families. From there it is possible to consider how one might more effectively meet the specific needs of individuals with dementia and their families.

Films about dementia

- **Away From Her (2007)** Julie Christie portrays a woman with Alzheimer's who voluntarily enters a long-term care facility to avoid being a burden on Grant, her husband of 50 years. After a 30-day separation (recommended by the facility), Grant visits Fiona and finds that her memory of him has deteriorated and that she's developed a close friendship with another man in the facility. Grant must draw upon the pure love and respect he has for Fiona to choose what will ensure his wife's happiness in the face of the disease.
- **A Song For Martin (2001)** Sven Wollter and Viveka Seldahl -- married in real life -- play married couple Martin and Barbara in this Swedish movie with English subtitles. Martin is a conductor and composer; Barbara, a violinist. They meet and marry in middle-age, but soon after, they find out that Martin has Alzheimer's disease. This moving story is considered one of the most realistic depictions of care-giving on film.
- **Aurora Borealis (2006)** Donald Sutherland plays a grandfather with dementia who requires more care than his wife (played by Louise Fletcher) can handle. They enlist the help of a home health aide (Juliette Lewis) and their grandson (Joshua Jackson), who forge a friendship as Sutherland's character -- who insists he can see the Northern Lights from his window -- becomes increasingly impaired.
- **Iris: A Memoir of Iris Murdoch (2001)** Based on the book *Elegy for Iris* by John Bayley, this movie tells the true story of English novelist Iris Murdoch's descent into Alzheimer's disease and the unconditional love of Bayley, her partner of 40 years. Jim Broadbent played Bayley in his later years. Judi Dench and Kate Winslet played Murdoch in her older and younger years respectively.
- **Age Old Friends (1989)** Hume Cronyn plays John Cooper, who chose to live in a retirement home instead of live with his daughter (played by real-life daughter Tandy Cronyn) as a symbol of maintaining his independence. He befriends Michael (Vincent Gardenia), who starts showing signs of dementia. When John's daughter extends her offer to live with her again, he must decide between leaving the rigid structure of the retirement home and staying to help his friend cope with his disease.
- **I Never Sang For My Father (1970)** This intense story about family conflict stars Gene Hackman as a New York professor planning on starting anew by marrying his girlfriend and moving to California. When his mother dies and his father develops dementia, he must choose between living the life he's dreamed about or abandoning his plans to care for his father.
- **The Iron Lady (2011)** Meryl Streep's portrayal of Margaret Thatcher has drawn much praise and an Oscar. However, the film has also been criticised for its portrayal of Margaret Thatcher as having

dementia as questions have been raised about consent for this portrayal of a living person. The film was released on DVD on 30 April 2012.

- **Losing Myself (2007)** Three Minute Wonders commissioned by [Channel 4](#) and produced by [Clarity Productions](#). There are four films in this series, here are two of them.

Losing Myself: <http://www.dementiaworks.co.uk/losingmyself>

Or try <http://vimeo.com/42001233>

- **Still Alice (2015)** Alice Howland (Oscar & BAFTA nominee Julianne Moore), happily married with three grown children (Kristen Stewart, Kate Bosworth and Hunter Parrish), is a renowned linguistics professor. When she receives a devastating diagnosis of early-onset Alzheimer's disease, Alice and her family find their bonds thoroughly tested. Her struggle to stay connected to who she once was is frightening, heartbreaking and inspiring.

- **Dementiaville (2015)** <http://www.channel4.com/programmes/dementiaville>

[A set of 4 programmes produced by Channel 4 exploring the Butterfly Approach to working with those living with dementia in a care home](#)



Understanding legislation, policies and national guidelines

The Registered Nurse needs to be aware of the political, social and economic issues that affect the availability, organisation and quality of local services for people with dementia, and their informal carers. Look at some of the link below to further your understanding here.

<http://www.alzheimers.org.uk/ndstrategies>

Look at the recommendations in this report <http://www.hqip.org.uk/assets/NCAPOP-Library/Dementia-National-Audit-Report-2011-Final.pdf> and think about what needs to be done to improve this situation.

Read <http://www.alzheimers.org.uk/countingthecost>

This does not make for very comfortable reading and reflects badly upon our care.

2.11 Discuss with your supervisor what we can do as nurses to improve the situation for those living with dementia when they enter into a general hospital?

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- [SCDHSC0419 Provide advice and information to those who enquire about health and social care services](#)
- [SCDHSC0026 Support individuals to access information on services and facilities](#)
- [SFHCHS177 Advise on access to and use of services](#)

UK Core Skills Training Framework

- Clinical/Care Subject 8: Dementia awareness

Care Certificate Standards

- Standard 9: Awareness of mental health, dementia and learning disability

Dementia Education Principles and Standards

- Principle 3. Collaboration Level 1
- Principle 5. Recognition Level 1

HEDN: A Curriculum for UK Dementia Education

- Core Topic 1. Prevention and keeping well
- Core Topic 2. Identification and assessment of dementia
- Core Topic 3. Understanding the experience of and communicating with people with dementia

Regulated Qualifications Framework components

- Dementia awareness
- Understand the process, and experience of dementia

What is dementia?

Activity 1.1

What do you already know about dementia and how it affects people? Write down a list of points below.

Watch this clip of Dr Graham Stokes explaining dementia.

<http://www.youtube.com/watch?v=2-ILROXBZ8M>

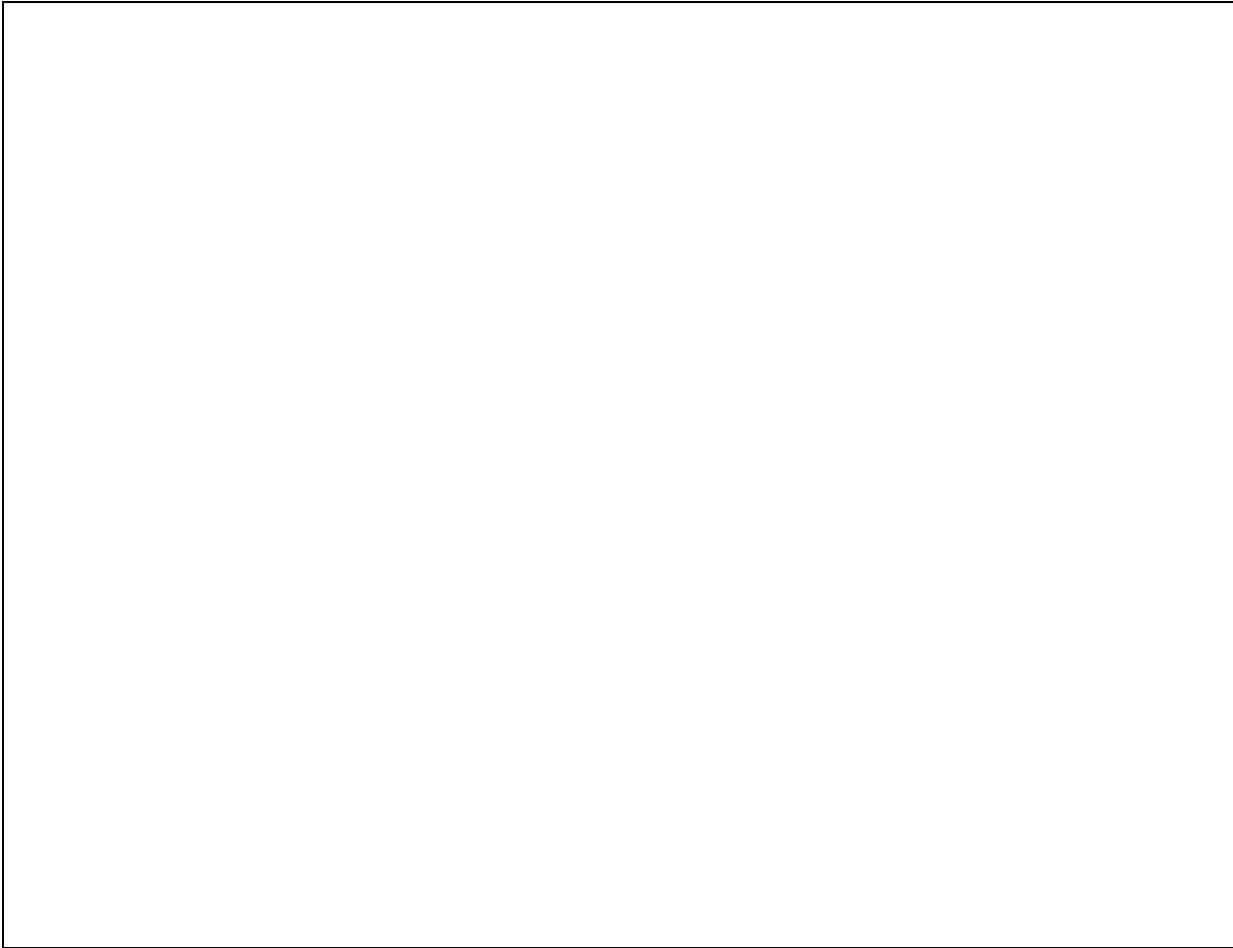
Activity 1.2

Use the following resources to further investigate the nature of dementia and how it affects people:

- BBC News Dementia: A family's story at <http://news.bbc.co.uk/1/hi/health/8491946.stm>
- Social Care Institute for Excellence at <http://www.scie.org.uk/publications/dementia/index.asp>
Note that dementia can occur in adults at younger ages, not only in older people.
- Alzheimer's Society at <http://www.alzheimers.org.uk/>
- RCN Dementia Care at <http://www.rcn.org.uk/development/practice/dementia>
In particular, listen to the podcast on the RCN Dementia website that provides a concise nursing-orientated background to dementia care.

http://www.rcn.org.uk/development/practice/dementia/understanding_dementia

Bullet point what you have learnt from these resources?



Walking the walk. ‘Experiencing the hospital through my eyes.’

Watch the video about Rose at the YouTube connection below. Consider her home environment and the people around her, and how they help her to feel safe and comfortable.

Remaining independent. Living alone with dementia at 92:

<http://www.youtube.com/watch?v=BGLBytHHq6Y&feature=relmfu>

1.3 If Rose had to go into hospital as an emergency admission, how might she feel if she did not know where she was and why, who the people around her were and what they were going to do to her and she wasn't able to express how she feels in a way that others can understand.

1.4 Compare Rose's home environment with a typical hospital environment. What aspects of the hospital environment might be distressing and difficult for her?

Developing your existing communication and care skills to enable you to care for people with dementia in hospital settings.

Activity 1.5

With your supervisor identify a person with dementia or confusion and initiate a conversation with them. Reflect below on what difficulties you encountered and what interpersonal and communication skills you used to overcome these.

Activity 1.6

You can care for a person with dementia more effectively if you understand them as an individual with their own likes/dislikes, personality and history. The Alzheimer's Society has developed a leaflet entitled 'This is me', "a simple and practical tool that someone going into hospital can give to staff to help them understand the condition"

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1290

Look at the leaflet and consider what things you would include if you were filling this in for yourself: how might this help staff care for you as an individual if you were unable to communicate your own needs? What would you want staff to know about you if you could not communicate this to them?

Additional Activity: If you see 'All About Me' being used with a patient, reflect on what you thought you knew about this person and compare this with what additional information you find in their 'All About Me' document.

Activity 1.7

With your supervisor or a colleague identify an individual who has dementia or another person who might have difficulties in expressing their needs or are confused (e.g. person with a learning disability, person who has had a stroke). Look again at the 'This is me' leaflet and make notes in response to the questions in the box below then discuss these with your mentor.

What don't you know about the individual in your care which you might need to know?

How you could find out more information about the person?

How would this information assist you to care for the person with sensitivity and compassion?

Activity 1.8

Still focussing on the person you identified in activity two, consider each of the following areas of care:

- Communication
- Eating and drinking
- Washing and bathing
- Maintaining continence
- Moving and walking about
- Dealing with challenging and unpredictable behaviour
- Recognising pain and why it has occurred
- Orientation

In relation to these areas of care;

~ Are there any difficulties that the person and / or you are currently experiencing?

~ What strategies have you employed thus far to overcome these difficulties? How successful have they been?

~ Is there anything else you would like to do to be able to improve the care for this person?

The Alzheimer's Society has produced some 'top tips' "designed to help nurses and other hospital staff in their delivery of good person-centred dementia care". Go to the link below and use these 'top tips' to explore ways of improving your skills when caring for people with dementia. 'Top tips for nurses' from Alzheimer's Society:

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1211

1.9 What have you learned from these resources?

Understanding and respecting people with dementia

Never forget the most powerful force on earth is love. Nelson Rockefeller

A man does not consist of memory alone. He has feeling, will, sensibilities, moral being --- matters of which neuropsychology cannot speak. And it is here, beyond the realm of an impersonal psychology, that you may find ways to touch him, and change him.

A.R. Luriafrom a personal letter to Oliver Sacks quoted in his 1985 book *The Man Who Mistook His Wife For a Hat*. London: Picador

Activity 1.10

Thinking about a person with dementia who you have met or cared for, consider what would help the person to feel understood and respected. To assist you may wish to have a look at the link below and then write down some key points:

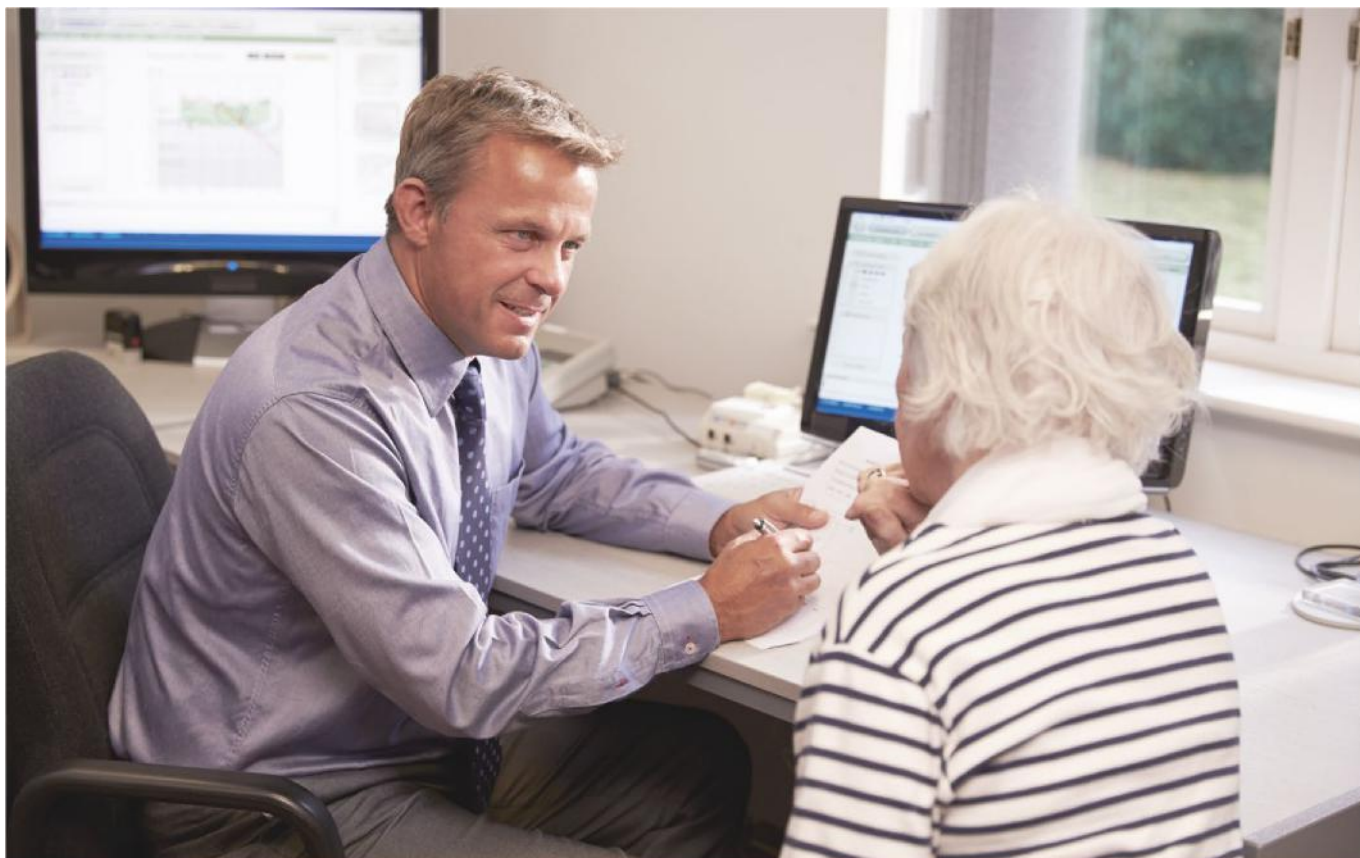
http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=84

Activity 1.11

An important aspect of promoting dignity in care is involvement in decision-making. This can be challenging in the care of someone with dementia, particularly where communication is difficult. See

<http://www.scie.org.uk/publications/dementia/decisions/index.asp>

Identify how health care professionals and others can involve those with dementia in decisions.



Subject 2: Dementia identification, assessment and diagnosis

Introduction

Good quality diagnosis and intervention is one of the objectives identified in the National Dementia Strategy. The Prime Minister's Challenge on Dementia 2020³ renews this commitment to more people with dementia receiving a timely diagnosis and appropriate post-diagnosis support. Timely diagnosis is important as it helps people receive information, support and treatment to improve their quality of life.

The diagnosis of dementia and in particular mild dementia where the diagnosis is more complex should be carried out by a clinician with specialist skills⁴. However, non-specialists also have an important role in being able to recognise possible symptoms of dementia, refer to specialist services and provide sympathetic and non-stigmatising support.

3. Department of Health (2015) Prime Minister's Challenge on Dementia 2020

4. Department of Health (2009), Living Well with Dementia: A National Dementia Strategy

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support. This subject at Tier 2 is also relevant to social care managers and leaders.

Tier 3: Key healthcare staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care.

In social care, it is recognised that the clinical learning outcomes of Tier 3 are not applicable. However, there is a recognition that social care managers, leaders and regulated professionals will in many instances be contributing alongside medical/clinical colleagues in relation to these learning outcomes.

Key learning outcomes

Tier 2

The learner will:

- a) Promote independence and engage in activity for people with dementia.
- b) Differentiate between dementia, delirium/acute confusional states and depression.
- c) Work in partnership with the family and informal carer[s] of people with dementia.
- d) Understand and apply legislation, policies and national guidelines related to the care of people with dementia.
- e) know the most common types of dementia in the UK and their underlying causes
- f) understand the signs and symptoms of dementia that would indicate the need for further assessment
- g) know why early diagnosis of dementia is important and the likely outcomes if assessment and treatment is delayed
- h) know the progressive nature of dementia and some of the major impairments and difficulties people may face as dementia progresses
- i) understand the criteria and the process to be used to gain a diagnosis
- j) be able to explain the need for an investigation of signs of dementia with sensitivity and in a way that is appropriate to the person
- k) be able to appropriately refer patients to access specialist services and support networks

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) understand the different types of dementia, the stages or variants of these diseases and their primary symptoms
- b) understand how to differentiate between dementia, delirium, depression and other conditions presenting with similar symptoms
- c) be able to undertake a comprehensive assessment for dementia utilising appropriate investigations and tools
- d) be able to establish a differential diagnosis of dementia and the underlying disease processes, where appropriate to role
- e) be aware of the potential impact of diagnostic errors
- f) be able to act on the findings in partnership with people affected by dementia and the multi-professional team
- g) be aware of the experience of a person with dementia and their family and carers and be able to communicate with sensitivity about the diagnosis of dementia and related implications
- h) know how to enrol the person with dementia in post-diagnosis support services and advanced care planning
- i) understand the particular impact of a diagnosis for younger people with dementia and their families
- j) understand the needs of people with learning disabilities and dementia
- k) understand the importance of equal access to dementia assessment and diagnosis for people from diverse communities
- l) be able to document assessment and diagnosis decisions

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to dementia identification, assessment and diagnosis are shown below:

Guidance

- [Department of Health \(2009\), Living Well with Dementia: A National Dementia Strategy, Chapter 4: Early diagnosis and support](#)
- [NICE quality standard \[QS1\] \(2010\), Dementia quality standard](#)
- [Skills for Care and Skills for Health \(2011\), Common Core Principles for Supporting People with Dementia, Principle 2: Early diagnosis of dementia helps people receive information, support and treatment at the earliest possible stage](#)

Legislation

- [Mental Capacity Act 2005](#)
- [Care Act \(2014\)](#)
- [Equality Act 2010](#)

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- [SFHCHS38 Plan assessment of an individual's health status](#)
- [SFHCHS168 Obtain a patient/client history](#)
- [SFHCHS39 Assess an individual's health status](#)
- [SFHCHS40 Establish a diagnosis of an individual's health condition](#)
- [SFHCHS41 Determine a treatment plan for an individual](#)
- [SFHCHS45 Agree courses of action following assessment to address health and wellbeing needs of individuals](#)
- [SFHCHS48 Communicate significant news to individuals](#)
- [SFHCHS84 Develop and agree care management plans with individuals diagnosed with long term conditions](#)

Dementia Education Principles and Standards

- Principle 5. Recognition Levels 2 and 3

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 2. Identification and assessment of dementia Tier 2 (Level 5/6) and Tier 3 (Level 6/7)
- Full curriculum Topic 6. Supporting people in the early stages of dementia Tier 2 (Level 5/6) and Tier 3 (Level 6/7)

Regulated Qualifications Framework components

- Dementia awareness
- Understand the process and experience of dementia



Subject 3: Dementia risk reduction and prevention

Introduction

Evidence suggests that some types of dementia are related to modifiable lifestyle factors. In particular, interventions to address vascular risk factors (e.g. smoking, poor diet, physical inactivity and alcohol) should also help to reduce the risk, progression and severity of dementia. This suggests that primary prevention in settings across the health and care sectors has a role in dementia risk reduction similar to that for other non-communicable diseases such as heart disease and stroke.

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support.

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care including social care managers and leaders.

Key learning outcomes

Tier 2

The learner will:

- a) know the lifestyle factors that may increase the risk of developing certain types of dementia and how lifestyle changes may delay the onset and severity of certain types of dementia
- b) understand motivational factors that may impact on the ability to make changes
- c) be aware of the challenges to healthy living that may be experienced by different socioeconomic and/or ethnic groups
- d) be able to signpost sources of health promotion information and support
- e) know how to effectively communicate messages about healthy living according to the abilities and needs of individuals.

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) be aware of dementia risk reduction evidence-based research and national health promotion strategies
- b) be able to develop and disseminate health promotion information and advice
- c) be able to encourage behavioural change in individuals and organisations to promote health and well-being, reduce risk and potentially delay the onset and severity of certain types of dementia
- d) understand the importance of an approach to risk reduction which challenges myths and stigma
- e) be able to monitor, evaluate and improve the effectiveness of health promotion activities.

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to dementia risk reduction and prevention are shown below:

Guidance

- [Department of Health \(2009\), Living Well with Dementia: A National Dementia Strategy, Chapter 3: Raising awareness and understanding](#)
- [Public Health England and UK Health Forum \(2014\), Blackfriars Consensus on promoting brain health](#)

Legislation

- [Mental Capacity Act 2005](#)
- [Care Act \(2014\)](#)



Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- [SFHHT2 Communicate with individuals about promoting their health and wellbeing](#)
- [SFHHT3 Enable individuals to change their behaviour to improve their own health and wellbeing](#)
- [SFHPHP13 Provide information to individuals, groups and communities about promoting health and wellbeing](#)
- [SFHPHP15 Encourage behavioural change in people and agencies to promote health and wellbeing](#)
- [SFHPHP41 Enable people to address issues related to health and wellbeing](#)
- [SFHGEN127 Assess the need for, and plan awareness raising of health and wellbeing issues](#)
- [SFHGEN128 Support the implementation, monitoring, evaluation and improvement of awareness raising around health and wellbeing issues](#)
- [SCDHSC0438 Develop and disseminate information and advice about health and social well-being](#)

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 1. Prevention and keeping well Tier 2 (Level 5/6) and Tier 3 (Level 6/7)



Subject 4:

Person-centred dementia care

Introduction

Person-centred dementia care⁶ is about understanding and responding to the person with dementia as an individual. It involves considering the whole person, taking into account not just their health condition, but also each individual's life history, unique abilities, interests, preferences and needs. It is about building relationships with people with dementia and their family carers, putting them at the heart of decision making – ensuring the person is an equal partner in their health and care.

The values associated with person-centred care include the recognition and promotion of individuality, independence, privacy, partnership, choice, dignity, respect and rights.

6. Kitwood, T. (1997). *Dementia reconsidered: the person comes first*. Maidenhead, Open University Press Brooker, D. (2007). *Person-centred dementia care making services better*. London, Jessica Kingsley Publishers.

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support.

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care including social care managers and leaders.

Key learning outcomes

Tier 2

The learner will:

- a) understand the principles of person-centred dementia care i.e.
 - the human value of people with dementia, regardless of age or cognitive impairment, and those who care for them
 - the individuality of people with dementia, with their unique personality and life experiences among the influences on their response to the dementia
 - the importance of the perspective of the person with dementia
 - the importance of relationships and interactions with others to the person with dementia, and their potential for promoting well-being⁷
- b) understand how person-centred care can provide insights into the experiences of the person with dementia and support care approaches and solutions to meet individual needs
- c) understand the role of family and carers in person-centred care and support of people with dementia
- d) understand how a person-centred approach can be implemented, including the use of advance planning and life story work
- e) understand that a person's needs may change as the disease progresses
- f) know how to adapt the physical environment to meet the changing needs of people with dementia
- g) understand the significance of a person's background, culture and experiences when providing their care
- h) understand the importance of clear documentation to communicate the care needs of the person with dementia

7. [NICE Guidelines \[CG42\], Dementia: Supporting people with dementia and their carers in health and social care](#)

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) understand the value of person-centred care in therapeutic relationships and communication
- b) understand the importance of person-centred approaches in the management and development of services
- c) be able to incorporate person-centred approaches in the management and development of services

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to person-centred dementia care are shown below:

Guidance

- [Care Fit for VIPS](#)
- [NICE quality standard \[QS1\] \(2010\), Dementia quality standard](#)
- [NICE Guidelines \[CG42\] \(2006\), Dementia: Supporting people with dementia and their carers in health and social care](#)
- [Open Learn: The importance of person-centred approaches to nursing care](#)
- [Alzheimer's Society: Person-centred care](#)

Legislation

- [Mental Capacity Act 2005](#)
- [Human Rights Act 1998](#)

2.3 How could an understanding of the person's life history assist you to plan activities to promote independence and minimise boredom and frustration?

I have seen deeply demented patients weep or shiver as they listen to music they have never heard before, and I think they can experience the entire range of feelings the rest of us can, and that dementia, at least at these times, is no bar to emotional depth. Once one has seen such responses, one knows that there is still a self to be called upon, even if music, and only music, can do the calling. Oliver Sacks (2007) *Musicophilia: Tales of Music and the Brain*. New York: Knopf (p.346)

Dementia, delirium and depression – responding to distress caused by these underlying conditions

Sometimes the behaviour associated with depression, delirium or dementia can appear similar in older people.

Activity 2.4

Read and watch some of the following;

'Experiences of dementia, delirium and depression' which explores these experiences for residents at a care home.
<http://vimeo.com/3736766>

Arnold, E. (2005) Sorting out the 3 D's: Delirium, dementia, depression *Holistic Nursing Practice* 19[3]: 99-104

Pountney, D. (2007) Dementia, delirium or depression? *Nursing Older People* 19[5]: 12-14

Canadian summary resource developed by Toronto Region Best Practice
<http://rgp.toronto.on.ca/torontobestpractice/ThreeDcomparison.pdf>

2.4 What are the differences and similarities between dementia, delirium and depression? List them here.

Discuss with your supervisor why it is important for a nurse to understand these differences so that they can more effectively care for the person?

Integrated care and multi-agency working

Activity 3.1

Read <http://www.scie.org.uk/publications/misc/dementia/index.asp>

Consider a person with dementia who you have cared for:
Which professional groups/agencies were involved with this person's care? What did each profession contribute to the overall care package?

How did the different professionals/agencies communicate within the team and with the person with dementia and their family? What methods of recording information were used and how were these accessed by all concerned?

Can you identify any additional professional group/agency, not involved with this person's care, who might have made a useful contribution? Why do you think they were not involved?

Activity 3.2

Watch these audio clips that give families' perspectives on multi-agency working:
http://www.healthtalkonline.org/carers/Carers_of_people_with_dementia/Topic/2118/

Were there any common themes that carers identified?

What worked well for the person with dementia and their family, and why?

What did not work so well and why?

Activity 3.3

Read the Alzheimer's Society fact sheet on discharge
http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1816

Write a list of key points for your future practice;

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- [SCDHSC0332: Promote individuals' positive self-esteem and identity](#)
- [SCDHSC0234: Uphold the rights of individuals](#)

- [SCDHSC0414 Assess individual preferences and needs](#)
- [SCDHSC0415 Lead the service delivery planning process to achieve outcomes for individuals](#)
- [SFHGEN111 Enable individuals, their family and friends to explore and manage change](#)
- [SFHCHS233 Contribute to the assessment of needs and the planning, evaluation and review of individualised programmes of care for individuals](#)

UK Core Skills Training Framework

- Clinical/Care Subject 3: Person-centred

care **Care Certificate Standards**

- Standard 5: Work in a person-centred way

Dementia Education Principles and Standards

- Principle 1. Person-Centred Dementia Care Levels 1, 2 and 3
- Principle 10. Advance Care Directives Level 1

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 7. Developing person centred care, assessment and care planning Tier 2 (Level 5/6) and Tier 3 (Level 6/7)
- Full curriculum Topic 5. Equality, diversity and inclusion in dementia care Tier 2 (Level 5/6) and Tier 3 (Level 6/7)

Regulated Qualifications Framework components

- Dementia awareness
- The person centred approach to the care and support of individuals with dementia
- Understand and Implement a person centred approach to the care and support of individuals with dementia
- Understand the factors that can influence communication and interaction with individuals who have dementia
- Understand equality, diversity and inclusion in dementia care
- Equality, diversity, and inclusion in dementia care practice
- Understand and enable interaction and communication with individuals with dementia
- Approaches to enable rights and choices for individuals with dementia whilst minimising risks
- Understand the process and experience of dementia
- Understand and meet the nutritional requirements of individuals with dementia
- Understand the administration of medication to individuals with dementia using a person centred approach
- Understand the diversity of individuals with dementia and the importance of inclusion
- Understand and enable interaction and communication with individuals who have dementia
- Equality, diversity and inclusion in dementia care practice
- Lead and manage practice in dementia care



Subject 5: Communication, interaction and behaviour in dementia care

Introduction

People with dementia face particular challenges around communication. Dementia may affect a person's ability to understand and use language – their language skills may vary from day to day and become increasingly difficult as their condition progresses.

Effective communication will depend upon the needs and abilities of each individual. Non-verbal communication may become increasingly important as verbal abilities decline. Health and care professionals must be aware of the importance of their non-verbal communication such as body language, facial expression and touch.

The behaviour of a person with dementia (including challenging and distressed behaviour) is also an important form of communication – possibly indicating their feelings and perceptions. Recognising this can be a key component of effective communication.

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support.

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care including social care managers and leaders.

Key learning outcomes

Tier 2

The learner will:

- a) understand the importance of effective communication in dementia care
- b) understand the impact of memory and language difficulties on communication
- c) be able to demonstrate active listening skills
- d) be able to gain a person's attention before asking a question or beginning a task with them
- e) understand the importance of speaking clearly, calmly and with patience
- f) know how to adapt the environment to minimise sensory difficulties experienced by an individual with dementia
- g) know the importance of ensuring that individuals have any required support (e.g. spectacles, hearing aids) to enable successful communication
- h) know how life story information may enable or support more effective communication
- i) understand the importance of effective communication with family and carers and the expertise that they may be able to offer to support effective communication with the person with dementia
- j) be able to adapt communication techniques according to the different abilities and preferences of people with dementia
- k) be aware of the importance of non-verbal communication e.g. body language, visual images and the appropriate use of touch
- l) understand that the behaviour of a person with dementia is a form of communication and how behaviours seen in people with dementia may be a means for communicating unmet needs
- m) understand how a person's feelings and perception may affect their behaviour
- n) understand how the behaviour of others might affect a person with dementia
- o) understand common causes of distressed behaviour by people with dementia
- p) be able to recognise distressed behaviour and provide a range of responses to comfort or reassure the person with dementia.

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) be able to contribute to the development of practices and services that meet the communication needs of people with dementia
- b) be able to promote effective communication in a health and care environment.

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to communication, interaction and behaviour in dementia care are shown below:

Guidance

- [The VERA Framework \(Blackhall et al, 2011\)](#)
- [Skills for Care and Skills for Health \(2011\), Common Core Principles for Supporting People with Dementia, Principle 3: Communicate sensitively to support meaningful interaction](#)
- [Alzheimer's Society \(2012\), Factsheet: Communicating](#)
- [Skills for Health \(2015\), Stand By Me \[Person-centred communication in dementia care\]](#)

Legislation

- [Mental Capacity Act 2005](#)
- [Care Act \(2014\)](#)

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- [SFHGEN97: Communicate effectively in a healthcare environment](#)
- [SFHGEN98: Promote effective communication in a healthcare environment](#)
- [SCDHSC0031: Promote effective communication](#)
- [SCDHSC0369 Support individuals with specific communication needs](#)

UK Core Skills Training Framework

- Clinical/Care Subject 4: Communication

Care Certificate Standards

- Standard 6: Communication

Dementia Education Principles and Standards

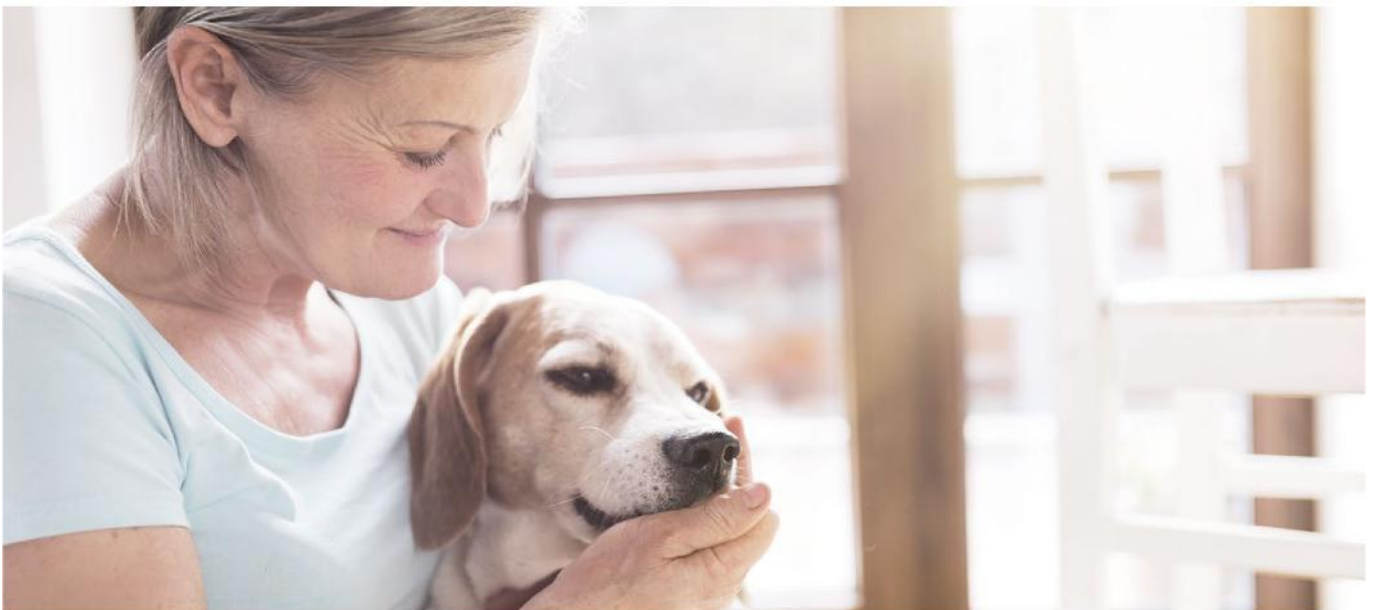
- Principle 2. Communication Levels 1, 2 and 3 **HEDN:**

A Curriculum for UK Dementia Education

- Full curriculum Topic 3. Understanding the experience of and communicating with people with dementia Tier 2 (Level 5/6) and Tier 3 (Level 6/7)

Regulated Qualifications Framework components

- Understand and Implement a person centred approach to the care and support of individuals with dementia
- Understand the factors that can influence communication and interaction with individuals who have dementia
- Understand and enable interaction and communication with individuals with dementia
- Understand the administration of medication to individuals with dementia using a person centred approach
- Understand the role of communication and interactions with individuals who have dementia
- Understand the diversity of individuals with dementia and the importance of inclusion
- Understand and enable interaction and communication with individuals who have dementia





Subject 6: Health and well-being in dementia care

Introduction

This is about helping people with dementia to maintain and optimise their physical health and psychological well-being. It includes recognising and responding to physical needs such as nutrition, hydration, physical activity, hygiene, pain relief and psychological needs associated with delirium, anxiety and depression. It also requires knowledge of a range of potential interventions including awareness of the appropriate role of medication and how to enable and support psycho-social and therapeutic interventions.

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support. This subject at Tier 2 is also relevant to social care managers and leaders.

Tier 3: Key healthcare staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care.

In social care, it is recognised that the clinical learning outcomes of Tier 3 are not applicable. However, there is a recognition that social care managers, leaders and regulated professionals will in many instances be contributing alongside medical/clinical colleagues in relation to these learning outcomes.

Key learning outcomes

Tier 2

The learner will:

- a) understand the importance for individuals with dementia to maintain good physical and mental health through nutrition, exercise and a healthy life style that includes social engagement
- b) be aware of anticipating an individual's health needs e.g. to prevent fatigue, falls, dehydration and hunger
- c) know the action to take in response to identification of fatigue, dehydration and hunger
- d) know how to recognise and manage pain in people with dementia
- e) be able to support an individual in maintaining personal appearance and hygiene
- f) be aware of the impact of delirium, depression and social stressors
- g) understand triggers and responses to stressed or distressed behaviours
- h) understand the role of family and carers in supporting the health and well-being of people with dementia
- i) be aware of the benefits and limitations of medication to manage behavioural and psychological issues including associated risks
- j) be able to support individuals in undertaking psycho-social interventions including validation, counselling, reminiscence and life story work
- k) be aware of the role of therapeutic work including complementary therapies and sensory stimulation
- l) know how to support people with dementia to access local services and referral pathways including voluntary and community services which would promote their physical and mental health.

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) understand the signs of dementia, depression and delirium and appropriate responses and treatment options
- b) understand the complexity of ageing and co-morbidity in dementia
- c) understand the benefits and implications of pharmacological interventions that may enhance memory
- d) understand the evidence for the effectiveness of different psycho-social approaches in different situations
- e) understand the principles and key aspects of psycho-social approaches used to enhance the well-being of people with dementia
- f) be aware of new and emerging knowledge of psycho-social approaches that can be used to enhance the well-being of people with dementia.

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to holistic health in dementia care are shown below:

Guidance

- [Department of Health \(2009\), Living Well with Dementia: A National Dementia Strategy, Chapter 5: Living well with dementia](#)
- [NICE quality standard \[QS30\] \(2013\), Quality standard for supporting people to live well with dementia](#)
- [Skills for Care and Skills for Health \(2011\), Common Core Principles for Supporting People with Dementia, Principle 4: Promote independence and encourage activity.](#)

Legislation

- [Care Act \(2014\)](#)
- [Equality Act 2010](#)

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- [SCDHSC0212 Support individuals during therapy sessions](#)
- [SCDHSC0213 Provide food and drink to promote individuals' health and well being](#)
- [SCDHSC0214 Support individuals to eat and drink](#)
- [SCDHSC0216 Help address the physical comfort needs of individuals](#)
- [SCDHSC0218 Support individuals with their personal care needs](#)
- [SCDHSC0219 Support individuals to manage continence](#)
- [SCDHSC0025 Contribute to implementation of care or support plan activities](#)
- [SCDHSC3112 Support individuals to manage their own health and social well-being](#)
- [SCDHSC0393 Promote participation in agreed therapeutic group activities](#)
- [SFHGEN105 Enable individuals to maintain their personal hygiene and appearance](#)
- [SFHGEN107 Enable individuals and families to put informed choices for optimising their health and wellbeing into action](#)
- [SFHCHS62 Provide interventions to individuals with long term conditions](#)
- [SFHCHS68 Support individuals with long term conditions to manage their nutrition](#)
- [SFHCMA4 Plan, implement, monitor and review therapeutic interventions with individuals who have a long term condition and their carers](#)
- [SFHCMC3 Enable individuals with long term conditions to make informed choices concerning their health and wellbeing](#)

UK Core Skills Training Framework

- Clinical/Care Subject 7: Fluids and nutrition

Care Certificate Standards

- Standard 8: Fluids and nutrition

Dementia Education Principles and Standards

- Principle 7. Essentials of Physical Care Levels 1, 2 and 3

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 8. Holistic health for people with dementia Tier 2 (Level 5/6) and Tier 3 (Level 6/7)
- Full curriculum Topic 9. Supporting the daily life of people with dementia Tier 2 (Level 5/6) and Tier 3 (Level 6/7)
- Full curriculum Topic 11. Psycho-social approaches for people with dementia Tier 2 (Level 5/6) and Tier 3 (Level 6/7)

Regulated Qualifications Framework components

- The person centred approach to the care and support of individuals with dementia
- Understand and meet the nutritional requirements of individuals with dementia
- Understand the administration of medication to individuals with dementia using a person centred approach
- Understand the role of communication and interactions with individuals who have dementia
- Understand the diversity of individuals with dementia and the importance of inclusion
- Understand and enable interaction and communication with individuals who have dementia



Subject 7: Pharmacological interventions in dementia care

Introduction

On occasions, medication may be prescribed for people with dementia, both to address the symptoms of dementia and related health needs they may experience. In such cases, the prescription of medication must be in accordance with current guidance and with an understanding of any contra-indications and related ethical issues. Medication must also be administered safely and appropriately.

The Prime Minister's Challenge on Dementia (2015) particularly highlights the issue of inappropriate use of antipsychotic medication, normally in response to behavioural and psychological symptoms of dementia and notes that antipsychotic drugs "should only be prescribed to people with dementia in exceptional circumstances and if prescribed, this should be reviewed on a regular basis"⁸.

8. [Department of Health \(2015\) Prime Minister's Challenge on Dementia 2020](#)

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support.

Tier 3: Key healthcare staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care.

In social care, it is recognised that the clinical learning outcomes of Tier 3 are not applicable. However, there is a recognition that social care managers, leaders and regulated professionals will in many instances be contributing alongside medical/clinical colleagues in relation to these learning outcomes.

Key learning outcomes

Tier 2

The learner will:

- a) know the most common medications used to treat the symptoms of dementia
- b) know the main risks and benefits of using anti-psychotics, anti-depressants, anxiolytics, anticonvulsants and cognitive enhancers
- c) be aware of issues around polypharmacy for people with dementia
- d) understand the importance of recording and reporting side effects and/or adverse reactions to medication
- e) be able to administer and review medication safely and appropriately in consultation with people affected by dementia.

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) understand the range of cognitive enhancers, what they do, criteria for eligibility and sources of guidance
- b) understand processes for assessing and prescribing cognitive enhancers
- c) understand the range of drugs to manage behavioural and psychological symptoms of dementia and when such drugs should or should not be used
- d) understand the ethical issues around drug treatments in the care of people living with dementia

- e) understand contra-indications for prescribing anxiolytics and anti-psychotic medication
- f) understand the range of medication to address common physical health problems of people with dementia, including the risks associated with how these drugs may interact with cognitive enhancers and drugs prescribed to address behavioural and psychological issues
- g) understand the importance of regular reviews of prescribed medication
- h) understand how to assess pain experienced by people with dementia and prescribing practice to address pain effectively
- i) be aware of new and emerging knowledge of pharmacological interventions that can be used to enhance the well-being of people with dementia.

Activity 3.7

You may be aware that there are concerns that anti-psychotic medication has been used too readily and often inappropriately with people with dementia. <http://www.bbc.co.uk/news/health-13698487>

The Dementia Action Alliance is campaigning on this issue, in partnership with the NHS Institute for Innovation and Improvement. Access the site below and watch the video which presents the call for action: http://www.institute.nhs.uk/qipp/calls_to_action/Dementia_and_antipsychotic_drugs.html

More information can be had at this Alzheimer’s Society page http://alzheimers.org.uk/site/scripts/documents_info.php?documentID=548

Have you seen anti-psychotic medication used with people with dementia? If so do you know why it was being used and what impact did it have on the person?

How might the use of anti psychotic medication be avoided? Discuss with your mentor.

Pain

Pain is a common experience at the end of life and this is no different for people with dementia. However, the management of pain for people with dementia presents particular challenges for the family and the healthcare team. Explore this resource.....

<http://www.scie.org.uk/publications/dementia/understanding-dementia/end-of-life/pain.as>

and try to answer the following questions:

3.11 What are the common causes of pain in dementia?

3.12 How may the phenomenon of diagnostic over-shadowing affect the management of pain in people with dementia? Discuss with your mentor.

To back up this learning read the two articles by Smith (2007) on assessing pain in people with dementia
<http://www.nursingtimes.net/nursing-practice-clinical-research/assessing-pain-in-people-with-dementia-1-the-challenges/197743.article>

<http://www.nursingtimes.net/nursing-practice-clinical-research/assessing-pain-in-people-with-dementia-2-the-nurses-role/197737.article>

We forget that life can only be defined in the present tense; it is, and it is now ... and that nowness becomes so vivid to me that I am almost serene. Below my window the blossom is out in full. And it is the whitest, frothiest, blossomest blossom that could ever be. And I can see it; and things are both more trivial than they ever were and more important than they ever were, and the difference between the trivial and the important does not seem to matter. But the nowness of everything is absolutely wondrous.

DENNIS POTTER, playwright 1994 (shortly before his death)

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to pharmacological interventions in dementia care are shown below:

Guidance

- [Department of Health \(2009\), Living Well with Dementia: A National Dementia Strategy, Chapter 5: Living well with dementia / sections 31 & 32](#)
- [Department of Health \(2015\) Prime Minister's Challenge on Dementia 2020](#)
- [Minister of State for Care Services \(2009\), The use of antipsychotic medication for people with dementia: Time for action](#)

- [NICE Guidelines \[CG42\] \(2006\), Dementia: Supporting people with dementia and their carers in health and social care](#)

Legislation

- [Mental Capacity Act 2005](#)
- [Equality Act 2010](#)

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- [SFHCHS2 Assist in the administration of medication](#)
- [SFHCHS3 Administer medication to individuals](#)
- [SFHCMA7 Prescribe medication for individuals with a long term condition](#)
- [SFH AH12 Enable individuals to take their medication as prescribed](#)
- [SCDHSC3122 Support individuals to use medication in social care settings](#)

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 10. Pharmacology relating to the needs of people with dementia Tier 2 (Level 5) and Tier 3 (Level 6/7)

Regulated Qualifications Framework components

- Understand the administration of medication to individuals with dementia using a person centred approach
- End of Life and dementia care





Subject 8: Living well with dementia and promoting independence

Introduction

People with dementia should be encouraged to maintain the activities they enjoy and continue to be active. This may include supporting people to adapt their homes to enable them to keep safe and promote their independence. People can also be supported to avoid isolation by maintaining a social life and involvement in their local community.

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support.

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care including social care managers and leaders.

Key learning outcomes

Tier 2

The learner will:

- a) understand the importance of physical activity (including access to outside space) in maintaining a person's independence and abilities
- b) be able to support individuals to meet their daily living needs
- c) be able to support individuals to continue their interests, social life and community involvement and know why this is important
- d) know about community initiatives such as the development of dementia friendly environments
- e) understand the needs of individuals for day to day closeness with others e.g. sharing thoughts and feelings
- f) understand how to recognise and respond to cultural, spiritual and sexual needs of people with dementia
- g) understand the role of family and carers in enabling people with dementia to live well
- h) understand how activities can be adapted to suit an individual's changing needs
- i) be able to incorporate assistive technology to support self-care and meaningful activity
- j) be able to develop strategies to reduce the struggle with unfamiliar environments
- k) be aware of ways to adapt the physical environment to promote independence, privacy, orientation and safety (e.g. to reduce risk of falls)
- l) know about perceptual distortions that may occur in dementia and how the impact of such distortion can be minimised by changes to the environment.

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) be able to contribute to the development of practices and services that meet the individual needs of people with dementia
- b) understand the principles, processes and options for self-directed support
- c) be able to support the person with dementia and their family to access self-directed support if desired
- d) be able to provide dementia specific advice and guidance on adapting the physical and social environment to ensure physical safety and emotional security
- e) be able to lead on the introduction of assistive technology to support self-care and meaningful activity.

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to living well with dementia and promoting independence are shown below:

Guidance

- [Department of Health \(2009\), Living Well with Dementia: A National Dementia Strategy, Chapter 5: Living well with dementia](#)
- [NICE quality standard \[QS30\] \(2013\), Quality standard for supporting people to live well with dementia](#)
- [Skills for Care and Skills for Health \(2011\), Common Core Principles for Supporting People with Dementia, Principle 4: Promote independence and encourage activity](#)

- [Alzheimer's Society \(2013\), The dementia guide: Living well after](#)

diagnosis **Legislation**

- [Mental Capacity Act 2005](#)
- [Equality Act 2010](#)

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

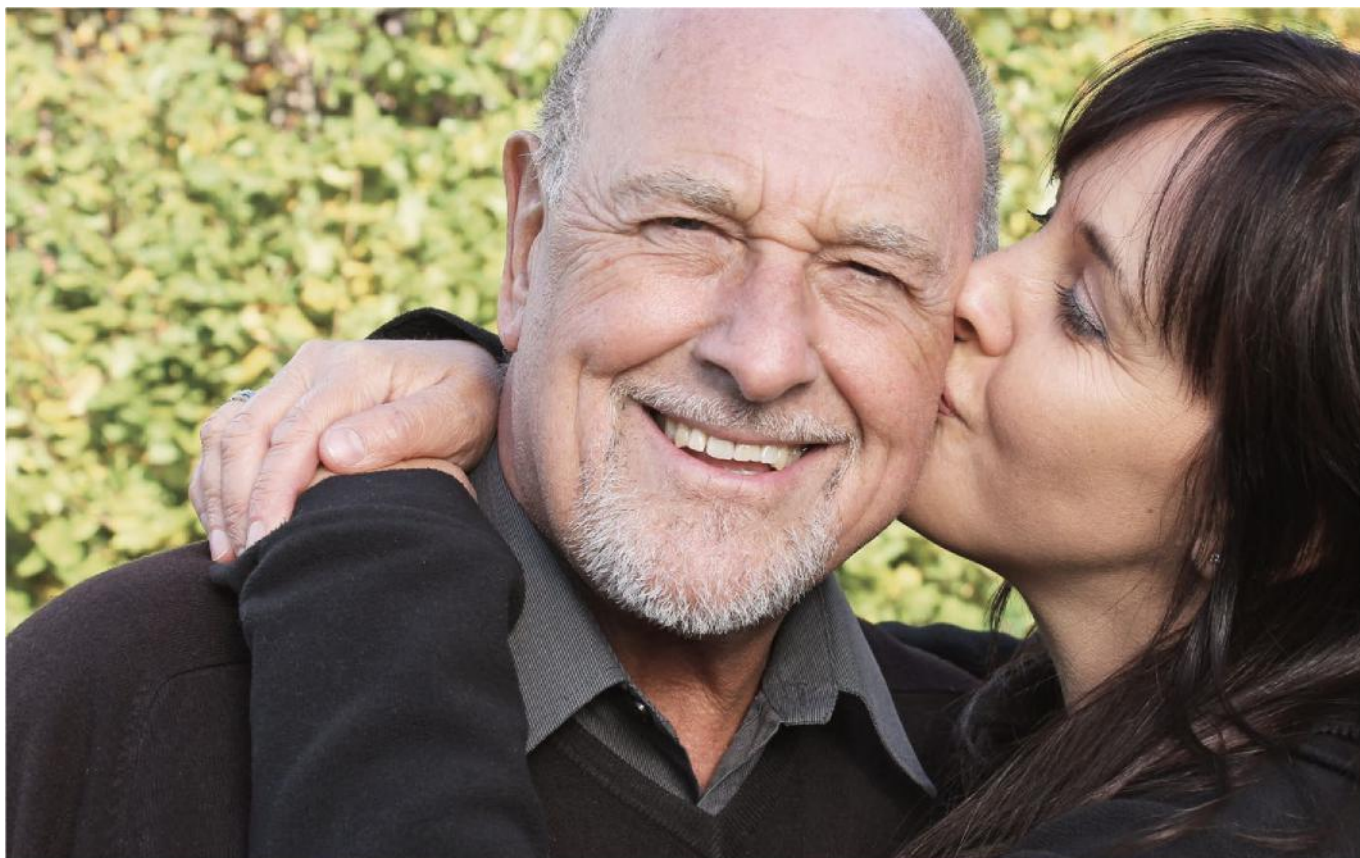
- [SCDHSC210 Support individuals to participate in recreational activities](#)
- [SCDHSC0027 Support individuals in their daily living](#)
- [SCDHSC345 Support individuals to manage their financial affairs](#)
- [SCDHSC0346 Support individuals to manage direct payments](#)
- [SCDHSC0350 Support the spiritual well-being of individuals](#)
- [SCDHSC0370 Support the use of technological aids to promote independence](#)
- [SCDHSC0393 Promote participation in agreed therapeutic group activities](#)
- [SCDHSC0450 Develop risk management plans to promote independence in daily living](#)
- [SFHCHS153 Enable individual expression using creative arts therapies](#)
- [SFHCHS239 Enable individuals to use assistive devices and assistive technology](#)
- [SFHGEN75 Collaborate in the assessment of the need for, and the provision of, environmental and social support in the community](#)
- [SFHMH68.2013 Co-produce action plans which assist stakeholders in improving environments and practices to promote mental health](#)
- [SFHMH66.2013 Assess how environments and practices can be maintained and improved to promote mental health](#)

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 9. Supporting the daily life of people with dementia Tier 2 (Level 5/6) and Tier 3 (Level 6/7)
- Full curriculum Topic 8. Holistic health for people with dementia Tier 2 (Level 5/6) and Tier 3 (Level 6/7)

Regulated Qualifications Framework components

- Approaches to enable rights and choices for individuals with dementia whilst minimising risks
- Enable rights and choices of individuals with dementia whilst minimising risks



Subject 9: Families and carers as partners in dementia care

Introduction

The majority of care for people with dementia is undertaken by their family carers – however, many family carers report that this results in high levels of stress, depressive symptoms and social isolation. Typically, family carers will want to continue in their caring role, but it is important that they are supported to maintain their own health and well-being as well as be given the support to care for the person with dementia. Increasingly, family carers and health and care professionals are seen as partners in the care process.

The Prime Minister’s Challenge on Dementia includes the aspiration that carers of people with dementia “be made aware of and offered the opportunity for respite, education, training, emotional and psychological support so that they feel able to cope with their caring responsibilities and to have a life alongside caring”.⁹

9. [Department of Health \(2015\) Prime Minister’s Challenge on Dementia 2020](#)

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support.

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care including social care managers and leaders.

Key learning outcomes

Tier 2

The learner will:

- a) understand the significance of family, carers and social networks in planning and providing care
- b) understand the importance of developing partnerships with family members and carers
- c) understand the impact that caring for a person with dementia in the family may have on relationships
- d) understand the importance of recognising and assessing a carer's own needs, including respite
- e) be aware of the complexity and diversity in family arrangements
- f) be aware that the needs of carers and the person with dementia may not always be the same
- g) understand potential socio-cultural differences in the perception of the care giving role
- h) be aware of the impact on younger carers and their concerns
- i) be able to communicate compassionately, effectively and in a timely manner with care partners
- j) be able to support family carers to access and use information and local support networks
- k) be able to support family carers in considering options and making decisions
- l) be able to gather information about a person's history and preferences from family carers.

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) be able to contribute to the development of practices and services that meet the needs of families and carers
- b) understand methods to assess a carer's psychological and practical needs and the relevant support available
- c) understand the potential for dilemmas arising where there are differing needs between people with dementia and their carers
- d) understand the role of personalisation in care e.g. the impact of access to personal budgets
- f) understand legislation relevant to carers and carers rights
- g) be able to signpost carers for further support around legal issues (e.g. lasting power of attorney).

Activity 2.5

Have a look at the following to give you an understanding of the role and needs of carers of those living with dementia.

<http://www.carersuk.org/professionals/resources/quick-statistics>

<http://www.scie.org.uk/publications/misc/dementia/dementia-grg.pdf> (page 21)

<http://www.alzheimers.org.uk/site/scripts/documents.php?categoryID=200343>

Mapped to competencies 1.4, 1.5, 2.8

Activity 2.6

Person-centred care looks at the individual as a whole. The diagnosis of dementia influences many aspects of family relationships.

Looking at <http://www.alzheimers.org.uk/site/scripts/documents.php?categoryID=200355> think about how relationships may change as a result of dementia:

Watch the YouTube video about Enid and George at the link below:

<http://www.youtube.com/watch?feature=endscreen&NR=1&v=b7ZcbHrJP6o>

What challenges do you think George faces as an informal carer?
How might the diagnosis of dementia affect their relationship?

Activity 2.7

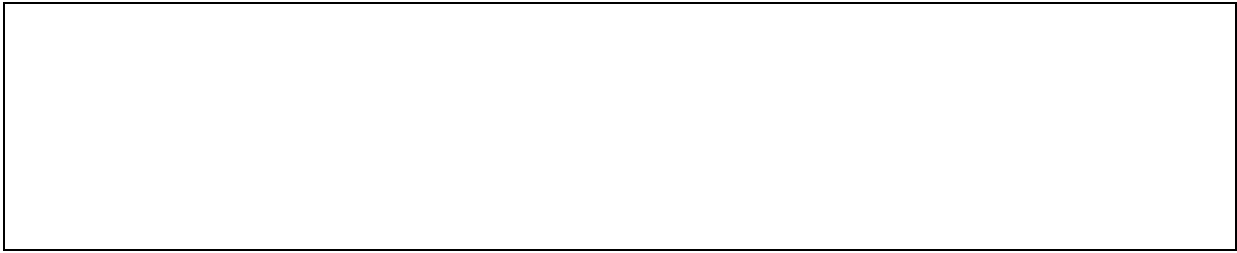
Focus on a person with dementia who you are currently caring for in hospital, or have cared for recently. Consider their family: How have you and other staff worked in partnership with the family, in relation to the person's care? Think of some examples of how the team have involved the family. Discuss this with your supervisor.

Activity 2.8

With your supervisor identify a carer who is willing to talk and interview them about the role of caring and its impact upon their lives. Ask about what support services they get and would like. Summarise the points made below.

Access http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=119 and think about the support needs of informal carers of people with dementia and resources and organisations that could support them.

2.9 Looking at your local community, identify at least three support organisations or other resources available to carers of people with dementia



2.10 How does the healthcare team ensure that informal carers are aware of the support available to them?

Mapped to competencies 2.2, 2.6, 3.5, 4.1

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to families and carers as partners in dementia care are shown below:

Guidance

- [Department of Health \(2009\), Living Well with Dementia: A National Dementia Strategy, Objective 7: Implementing the Carers' Strategy for people with dementia](#)
- [Department of Health \(2015\) Prime Minister's Challenge on Dementia 2020](#)
- [NICE quality standard \[QS1\] \(2010\), Dementia quality standard](#)
- [NICE and SCIE \(2006\), Dementia: Supporting people with dementia and their carers in health and social care](#)
- [Skills for Care and Skills for Health \(2011\), Common Core Principles for Supporting People with Dementia, Principle 6: Family members and other carers are valued, respected and supported just like those they care for and are helped to gain access to dementia care advice](#)
- [Department of Health \(2010\), Recognised, valued and supported: Next steps for the Carers Strategy](#)
- [Department of Health \(2014\), Care and Support Statutory Guidance: Issued under the Care Act 2014](#)

- [Department of Health \(2014\), Care Act Factsheets, Factsheet 8: The law for carers](#)
- [Carers Trust \(2013\), The Triangle of Care: Carers Included: A Guide to Best Practice for Dementia Care](#)

Legislation

- [Care Act \(2014\)](#)
- [Mental Capacity Act 2005](#)

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- [SCDHSC0227 Contribute to working in partnership with carers](#)
- [SCDHSC0387 Work in partnership with carers to support individuals](#)
- [SCDHSC0390 Support families in maintaining relationships in their wider social structures and environments](#)
- [SCDHSC0426 Empower families, carers and others to support individuals](#)
- [SCDHSC0427 Assess the needs of carers and families](#)
- [SCDHSC0428 Lead the development of programmes of support for carers and families](#)
- [SFHGEN20 Enable carers to support individuals](#)
- [SFHGEN103 Establish, sustain and disengage from relationships with the families of individuals with specific health needs](#)
- [SFHCHS58 Provide information and support to carers of individuals with long term conditions](#)
- [SFHCHDHN3 Enable carers to access and assess support networks and respite services](#)
- [SFHCMC5 Build a partnership between the team, patients and carers](#)

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 4. Creating effective partnerships with carers & families Tier 2 (Level 5/6) and Tier 3 (Level 6/7)

Regulated Qualifications Framework components

- The person centred approach to the care and support of individuals with dementia
- Understand and Implement a person centred approach to the care and support of individuals with dementia
- Approaches to enable rights and choices for individuals with dementia whilst minimising risks
- Understand the process and experience of dementia
- Understand and meet the nutritional requirements of individuals with dementia
- Enable rights and choices of individuals with dementia whilst minimising risks
- Understand the diversity of individuals with dementia and the importance of inclusion
- End of Life and dementia care
- Lead and manage practice in dementia care





Subject 10: Equality diversity and inclusion in dementia care

Introduction

Dementia will affect people from all cultural and ethnic backgrounds. Issues of cultural and ethnic diversity may have an impact on how people experience dementia, including the acceptance of the condition within their family or community.

Dementia is generally regarded as a condition associated with old age. However, there are a significant number of people with younger onset dementia and they are likely to have specific needs and concerns.

In addition, many of the characteristics covered by the Equality Act and related to the wider determinants of health can have a significant bearing on experiences of dementia, including but not limited to an individual's sexuality, disabilities, gender, geographical location etc.

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support.

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care including social care managers and leaders.

Key learning outcomes

Tier 2

The learner will:

- a) be aware of cultural diversity and equality issues, and how they may impact on people with dementia
- b) be able to adapt assessment and care planning taking account of equality issues (e.g. cultural diversity, disabilities, gender and sexual orientation)
- c) understand diversity in family arrangements and the local community
- d) be aware of the stigma, myths and stereotypes associated with dementia
- e) be aware of the prevalence and impact of younger onset dementia
- f) be aware of legislation to support carers, including young carers
- g) understand the additional concerns of younger carers
- h) be aware of the impact of dementia on people with learning disabilities
- i) be aware of socio-cultural differences in the perception of the care giving role e.g. based on gender
- j) be able to actively challenge any discriminatory practice that may compromise a person's right to dignity, respect and safety.
- k) Respond appropriately to common ethical dilemmas when caring for people with dementia and advocate on their behalf.

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) understand the impact that discrimination and stigma may have on the life of the person with dementia, their family and carers
- b) be able to lead practice and an organisational culture that values and respects the diversity of individuals
- c) understand legislation relevant to equality, diversity and human rights.

Integrated care and multi-agency working

Activity 3.1

Read <http://www.scie.org.uk/publications/misc/dementia/index.asp>

Consider a person with dementia who you have cared for:
Which professional groups/agencies were involved with this person's care? What did each profession contribute to the overall care package?

How did the different professionals/agencies communicate within the team and with the person with dementia and their family? What methods of recording information were used and how were these accessed by all concerned?

Can you identify any additional professional group/agency, not involved with this person's care, who might have made a useful contribution? Why do you think they were not involved?

Activity 3.2

Watch these audio clips that give families' perspectives on multi-agency working:

http://www.healthtalkonline.org/carers/Carers_of_people_with_dementia/Topic/2118/

Were there any common themes that carers identified?



What worked well for the person with dementia and their family, and why?

What did not work so well and why?

Activity 3.3

Read the Alzheimer's Society fact sheet on discharge

http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1816

Write a list of key points for your future practice;

Ethical dilemmas and advocacy

Activity 3.4

Reflect on people with dementia who you have cared for in different settings. Write notes on each of the following:
What ethical dilemmas have you encountered? List these down below.

3.5 Which dilemma have you found most difficult to respond to? Why was it difficult? Discuss it with your mentor.

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to equality diversity and inclusion in dementia care are shown below:

Guidance

- [Department of Health \(2014\), Care and Support Statutory Guidance: Issued under the Care Act 2014](#)
- [Department of Health \(2011\), National Dementia Strategy: Equalities Action Plan](#)

Legislation

- [Care Act \(2014\)](#)
- [Equality Act 2010](#)

- [Human Rights Act 1998](#)

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- [SFHSS01 Foster people's equality, diversity and rights](#)
- [SCDHSC0234 Uphold the rights of individuals](#)
- [SCDHSC3111 Promote the rights and diversity of individuals](#)
- [SCDHSC0452 Lead practice that promotes the rights, responsibilities, equality and diversity of individuals](#)

UK Core Skills Training Framework

- Statutory/Mandatory Subject 1: Equality, diversity and human

rights Care Certificate Standards

- Standard 4: Equality and diversity

Dementia Education Principles and Standards

- Principle 1. Cultural Diversity Levels 1, 2 and 3 **HEDN:**

A Curriculum for UK Dementia Education

- Full curriculum Topic 5. Equality, diversity and inclusion in dementia care Tier 2 (Level 5/6) and Tier 3 (Level 6/7)

Regulated Qualifications Framework components

- Understand equality, diversity and inclusion in dementia care
- Equality, diversity, and inclusion in dementia care practice
- Understand the diversity of individuals with dementia and the importance of inclusion
- Equality, diversity and inclusion in dementia care practice



Subject 11: Law, ethics and safeguarding in dementia care

Introduction

Staff working with people living with dementia must be fully aware of their duty of care, particularly where they may be required to make decisions in situations where people are unable to make decisions for themselves. Duty of care is about always acting in the best interests of others and not acting or failing to act in ways that result in harm. In dementia care, this is likely to include ethical issues such as the need to balance a person's safety with their need for independence, deciding the best interests for the person with dementia (e.g. when making decisions about consent to treatment) and recognising that the needs of the person with dementia may sometimes conflict with the needs of others, especially carers.¹⁰

10. Nuffield Council on Bioethics (2009), *Dementia: ethical issues*

People with dementia may also be vulnerable to situations where they could suffer neglect, harm or exploitation. In recent years a number of high profile cases have highlighted distressing examples where there have been failings in the duty of care as documented in the Francis Report (2013¹¹) and the Cavendish Review (2013¹²). These cases serve to highlight the vital importance of raising concerns and acting on them before it is too late. Therefore, health and care staff must be able to recognise and address any areas of concern and have the confidence to speak out when required.

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support.

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care including social care managers and leaders.

Key learning outcomes

Tier 2

The learner will:

- a) understand how duty of care contributes to safe practice
- b) be aware of dilemmas that may arise between the duty of care and an individual's rights and carers wishes
- c) be able to communicate effectively about proposed treatment or care to enable people with dementia to make informed choices as far as practicable
- d) understand the protocols regarding consent to treatment or care for people who may lack mental capacity
- e) understand how 'best interests' decisions may need to be made for those lacking capacity
- f) know how advance directives can be used to provide information about the wishes of an individual
- g) be able to recognise a range of factors which may indicate neglect, abusive or exploitative practice
- h) know what to do if neglect, abusive or exploitative practice is suspected, including how to raise concerns within local safeguarding or whistle blowing procedures
- i) be aware of key legislation relevant to mental capacity, deprivation of liberty, equality and human rights.

11. Francis R (2013), Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry, London: The Stationery Office.

12. Cavendish C (2013), The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings.

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) understand the options available when informed consent may be compromised
- b) be able to respond to safeguarding alerts / referrals
- c) know the evidence based approaches and techniques to assess neglect or abuse
- d) understand the roles and responsibilities of the different agencies involved in investigating allegations of neglect or abuse
- e) understand the importance of sharing safeguarding information with the relevant agencies
- f) know the actions to take if there are barriers to alerting the relevant agencies
- g) understand key legislation relevant to mental capacity, deprivation of liberty, equality and human rights.

Activity 3.8 Consider the person's capacity to make decisions for themselves in relation to the Mental Capacity Act. Could the person:

- understand information given to them?
- retain that information long enough to be able to make a decision?
- weigh up the information available to make a decision?
- communicate their decision by any possible means?

Summarise your responses below.

3.9 Look at the five principles of the MCA (cited on the Alzheimer's Society website).

See <https://www.justice.gov.uk/protecting-the-vulnerable/mental-capacity-act>

Consider each of these principles in relation to the person with dementia you have focused on in this activity. Then write brief notes on each principle.

Raising Concerns

3.10 There have been repeated reports about poor care of people with dementia in hospital settings. Here is a link to one such example, which is a report from the Ombudsman.

<http://www.ombudsman.org.uk/care-and-compassion/case-studies/mrs-as-story3>

If you observed a person with dementia who was receiving such poor care: how would you go about raising your concerns? Write a plan of action here.....

Now check the NMC guidelines in relation to this so that you are clear about what to do.....

<http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Raising-and-escalating-concerns.pdf>

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to law, ethics and safeguarding in dementia care are shown below:

Guidance

- [Department of Health \(2009\), Reference guide to consent for examination or treatment](#)
- [Department of Health \(2014\), Care and Support Statutory Guidance: Issued under the Care Act 2014](#)
- [Nuffield Council on Bioethics \(2009\), Dementia: ethical issues](#)
- [NICE quality standard \[QS1\] \(2010\), Dementia quality standard](#)
- [Alzheimer's Society \(2014\), Fact Sheet: Deprivation of Liberty Safeguards \(DoLs\)](#)

Legislation

- [Care Act \(2014\)](#)
- [Data Protection Act 1998](#)
- [Equality Act 2010](#)

- [Human Rights Act 1998](#)
- [Mental Capacity Act 2005](#)
- [Safeguarding Vulnerable Groups Act 2006](#)

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- [SCDHSC0024: Support the safeguarding of individuals](#)
- [SCDHSC0035: Promote the safeguarding of individuals](#)
- [SCDHSC0045: Lead practice that promotes the safeguarding of individuals](#)
- [SCDLMCB1 Lead and manage practice that promotes the safeguarding of individuals](#)
- [SCDHSC0234 Uphold the rights of individuals](#)
- [SCDHSC0395 Contribute to addressing situations where there is risk of danger, harm or abuse](#)
- [SCDHSC0430 Lead practice to reduce and prevent the risk of danger, harm and abuse](#)
- [SCDHSC431 Support individuals where abuse has been disclosed](#)
- [SFHCHS167: Obtain valid consent or authorisation](#)
- [SFHCHS229 Assess individuals' needs and circumstances and evaluate the risk of abuse, failure to protect and harm to self and others](#)
- [SFHOP10 Create an environment to protect older people from abuse](#)

UK Core Skills Training Framework

- Statutory/Mandatory Subject 8: Safeguarding Adults
- Clinical/Care Subject 2: Duty of care
- Clinical/Care Subject 5: Consent

Care Certificate Standards

- Standard 3: Duty of Care
- Standard 10: Safeguarding Adults

Dementia Education Principles and Standards

- Principle 1. Ethics Levels 1, 2 and 3
- Principle 10. Advance Care Directives Levels 2 and 3

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 13. Understanding legal aspects of working with people with dementia Tier 2 (Level 5/6) and Tier 3 (Level 6/7)
- Full curriculum Topic 14. Understanding ethical issues in caring for people with dementia Tier 2 (Level 5/6) and Tier 3 (Level 6/7)

Regulated Qualifications Framework components

- Approaches to enable rights and choices for individuals with dementia whilst minimising risks
- Enable rights and choices of individuals with dementia whilst minimising risks
- Understand the diversity of individuals with dementia and the importance of inclusion





Subject 12:

End of life dementia care

Introduction

At the end of life for a person with dementia it is important to understand the use and implications of advanced care planning. Symptoms associated with end of life must be effectively managed with care and compassion. In particular, signs of pain must be identified (even if not clearly expressed) and pain relief provided. It is also important to recognise the needs of bereaved family and carers.

The Prime Minister's Challenge on Dementia includes the aspiration that all people with dementia and their carers receive "co-ordinated, compassionate and person-centred care towards and at the end of life including access to high quality palliative care from health and social care staff trained in dementia and end of life, as well as bereavement support for carers".¹³

¹³ Department of Health (2015) Prime Minister's Challenge on Dementia 2020

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support.

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care including social care managers and leaders.

Key learning outcomes

Tier 2

The learner will:

- a) understand the use of end of life care pathways and individualised care plans taking into account psycho-social needs
- b) understand how advanced decisions/directives and best interest decision will affect caring activities
- c) know how to recognise and manage pain in people with advanced dementia
- d) be able to identify symptoms associated with end of life and how these symptoms can be managed with care and compassion
- e) be aware of concerns and needs affecting younger people at the end of life
- f) be aware of the needs of bereaved families and friends including the potential for conflicting emotions
- g) be able to support family and friends to celebrate the life of the deceased person
- h) be aware of cultural and religious differences associated with death, care of the dying and the deceased person.

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) be able to contribute to the development of practices and services that meet the end of life needs of people with dementia
- b) understand the processes involved in deciding when a person with dementia is deemed to be at end of life
- c) be able to provide dementia specific advice and guidance on end of life care.

End of life care

Dementia is often not perceived as a terminal condition, yet it is as it is not a condition from which a person can recover. It is a condition that deteriorates with time, though the speed and nature of that deterioration will vary with the type of dementia, the individual and the quality of support they receive.

It is possible that this misconception arises from the view that people die from conditions that are more obviously physical, such as cancer. This lack of appreciation of the terminal nature of dementia can mean that it is not recognised when a person with dementia has entered the final stage of their life. Consequently they may not receive the care they need and deserve to ensure a 'good' death.

As a general introduction to this theme, watch the SCIE video on end of life care for people with dementia <http://www.scie.org.uk/socialcaretv/video-player.asp?guid=6cddd9aa-041e-446e-b637-d47ab7b37643>

The failure to recognise that a person with dementia has reached the final stage of their life can be distressing for the individual and their family. This is because it may result in an emergency admission to hospital and the use of aggressive interventions, all done with good intentions but with limited or no benefit to all concerned, and possibly worsening an already distressing situation. To assist you in undertaking this activity, explore the SCIE End of Life Care for people with dementia online resource at the following address

<http://www.scie.org.uk/publications/dementia/understanding-dementia/end-of-life/index.asp>

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to end of life dementia care are shown below:

Guidance

- [Department of Health \(2009\), Living Well with Dementia: A National Dementia Strategy, Objective 12: Improved end of life care for people with dementia](#)
- [Department of Health \(2015\) Prime Minister's Challenge on Dementia 2020](#)
- [NICE quality standards \[QS13\] \(2011\), Quality standard for end of life care for adults](#)
- [NICE Guidelines \[CG42\] \(2006\), Dementia: Supporting people with dementia and their carers in health and social care](#)

- [NICE quality standard \[QS1\] \(2010\), Dementia quality standard](#)

Legislation

- [Mental Capacity Act 2005](#)
- [Equality Act 2010](#)

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- [SCDHSC0384 Support individuals through bereavement](#)
- [SCDHSC0385 Support individuals at the end of life](#)

Dementia Education Principles and Standards

- Principle 6. End of Life Care Levels 1, 2 and 3 **HEDN:**

A Curriculum for UK Dementia Education

- Full curriculum Topic 15. End of life palliative care Tier 2 (Level 5/6) and Tier 3 (Level 6/7)

Regulated Qualifications Framework components

- Understand the diversity of individuals with dementia and the importance of inclusion
- Equality, diversity and inclusion in dementia care practice
- End of Life and dementia care





Subject 13: Research and evidence-based practice in dementia care

Introduction

The continuing development of dementia services and treatment requires on-going research and development of evidence-based practice. This includes evaluating the outcomes and impact of services and interventions. When people affected by dementia participate in research activities, this must be handled with due regard for the ethical issues involved.

The Prime Minister's Challenge on Dementia (2015) notes that "boosting research in dementia care will also require more of the nurses, allied health, social work and other care professionals who lead and deliver care, being trained to become researchers, able to lead research on issues that matter most to patients and carers, and to deliver results into clinical practice"¹⁴.

¹⁴ Department of Health (2015) Prime Minister's Challenge on Dementia 2020

Target audience

Tier 2: Health and social care staff who regularly work with people living with dementia including staff providing direct care and support.

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care including social care managers and leaders.

Key learning outcomes

Tier 2

The learner will:

- a) understand the difference between service evaluation and research
- b) be able to participate in service evaluation and research in the workplace
- c) understand how people affected by dementia may be involved in service evaluation and research.

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) understand systematic research methods to facilitate evidence-based practice
- b) understand the range of evidence that informs decision-making, care practice and service delivery
- c) understand approaches to evaluating services and measuring impact, including the use of outcomes reported by people affected by dementia
- d) understand the ethical issues related to conducting research with people who have a cognitive impairment
- e) be able to disseminate research findings clearly and accurately in written reports or verbal presentations
- f) understand the importance of continuing professional development to ensure the methods used are robust, valid and reliable.

Making a difference; Evaluation of care and service improvement

The ethos behind service improvement is that improvement is 'everybody's business' and that everyone should be able to improve their part of the service.

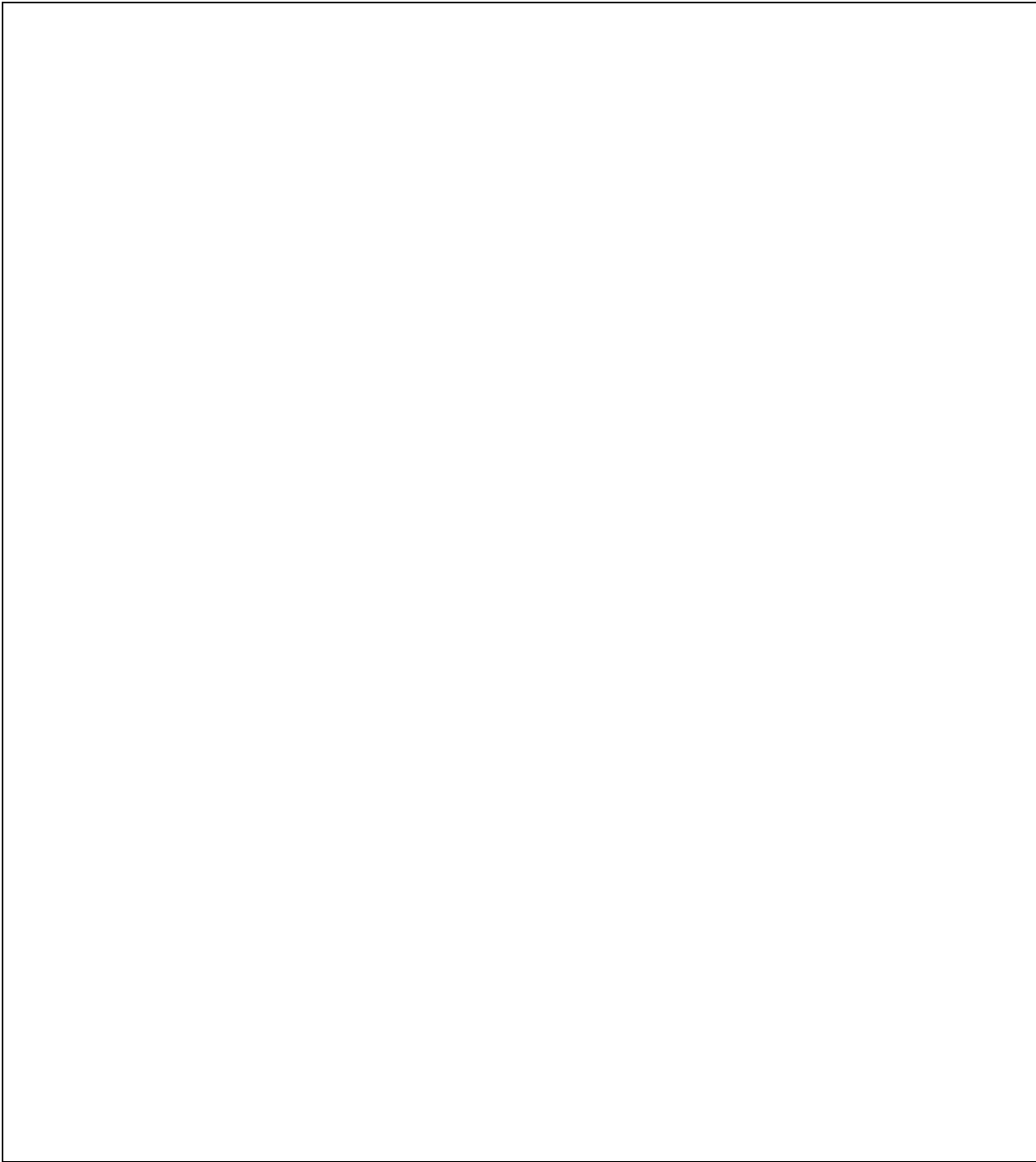
3.13 Review your Dementia Care workbook activities and in particular, the experiences you have documented about caring for people with dementia. From these, list aspects of care for people with dementia which you think could be improved.

Select one of the aspects of care you have identified.

3.14 How might it be improved? Plan how you might carry out this change and evaluate it.

There are many excellent examples of innovations to improve care.

3.15 Reflect on your practice learning experiences over the course. There are many innovative practices aimed at improving care for people with dementia in hospital settings? From your learning in this workbook write a summary of the main points you want to adopt in your own practice.



Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to research in dementia care are shown below:

Guidance

- [Department of Health \(2009\), Living Well with Dementia: A National Dementia Strategy, Objective 17: A clear picture of research evidence and needs](#)

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- [SFHR&D8 Conduct investigations in selected research and development topics](#)
- [SFHR&D9 Collate and analyse data relating to research](#)
- [SFHR&D10 Interpret results of research and development activities](#)
- [SFHR&D11 Record conclusions and recommendations of research and development activities](#)
- [SFHR&D12 Present findings of research and development activities in written form](#)
- [SFHR&D13 Present findings of research and development activities orally](#)
- [SFHR&D14 Translate research and development findings into practice](#)
- [SFHR&D15 Evaluate and report on the application of research and development findings within practice](#)

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 17. Research, policy and service development in dementia care Tier 2 (Level 5/6) and Tier 3 (Level 6/7)

Regulated Qualifications Framework components

- Lead and manage practice in dementia care



Subject 14: Leadership in transforming dementia care

Introduction

Leaders and senior managers have a responsibility to provide direction, disseminate best practice and to motivate and support staff in meeting their objectives. This requires an understanding of the environment in which the organisation operates (e.g. national dementia strategy and policies) and an understanding of current research and developments in dementia care and treatment. Leaders can also influence the culture of their workplace regarding desired attitudes and ways of working (such as promoting person-centred approaches to care). As well as supporting staff in their own organisation, leaders will be required to work collaboratively to deliver integrated services as part of a multi-agency team.

Target audience

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care including social care managers and leaders.

Key learning outcomes

The learner will:

- a) understand the key drivers and policies which influence national dementia strategy and service development
- b) be aware of evidence-based research, innovations and developments in dementia interventions and care
- c) be able to disseminate and promote new and evidence-based practice and to challenge poor practice
- d) be able to plan care to promote the use of appropriate, specific, evidence based interventions
- e) understand the importance of demonstrating leadership in delivering compassionate person-centred care
- f) understand the importance of quality assurance and service improvement
- g) know how to ensure team members are trained and supported to meet the needs of people with dementia
- h) understand the importance of collaborative working in the provision of support, care and services for people with dementia, their families and carers
- i) understand the roles and responsibilities of different agencies involved in dementia care
- j) understand the principles of equality and diversity for access to, and delivery of services.

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to leadership in transforming dementia care are shown below:

Guidance

- [Skills for Care and Skills for Health \(2011\), Common Core Principles for Supporting People with Dementia, Principle 7: Managers need to take responsibility to ensure members of their team are trained and well supported to meet the needs of people with dementia and Principle 8: Work as part of a multi-agency team to support the person with dementia](#)

Indicative mapping to relevant national standards or frameworks

National Occupational Standards

- [SFHGEN13 Synthesise new knowledge into the development of your own practice](#)
- [SFHGEN126 Monitor, evaluate and improve inter-agency services for addressing health and wellbeing needs](#)
- [SCDLMCA2 Lead and manage change within care services](#)
- [SCDHSC0439 Contribute to the development of organisational policy and practice](#)
- [SCDHSC0433 Develop joint working arrangements for health and social care services](#)
- [SCDLMCB3 Lead and manage the provision of care services that deals effectively with transitions and significant life events](#)
- [CFAM&LBA2 Provide leadership in your area of responsibility](#)

Dementia Education Principles and Standards

- Principle 3. Collaboration Levels 1 and 2

HEDN: A Curriculum for UK Dementia Education

- Full curriculum Topic 12. Key professional abilities and collaborative working Tier 3 (Levels 6/7)

Regulated Qualifications Framework components

- Lead and manage practice in dementia care

Appendix 1: Sources of further guidance and information

The following are sources of further guidance and information. Click on the links below to access the relevant web sites:

- [Age UK](#)
- [Alzheimer's Society](#)
- [Alzheimer's Research UK](#)
- [Alzheimer's Disease International](#)
- [British Institute of Learning Disabilities \(BILD\)](#)
- [Care Fit for VIPS](#)
- [Carers UK](#)
- [Crisis Care Concordat](#)
- [Dementia Action Alliance](#)
- [Dementia Carer](#)
- [Dementia Challenge](#)
- [Dementia Partnerships](#)
- [Dementia Road Map](#)
- [Dementia UK](#)
- [Department of Health](#)
- [Higher Education for Dementia Network \(HEDN\)](#)
- [Improving Dementia Education and Awareness \(IDEA\)](#)
- [National Development Team for Inclusion \(NDTI\)](#)
- [National Institute for Health and Care Excellence \(NICE\)](#)
- [National Mental Health, Dementia and Neurology Intelligence Network](#)
- [National Skills Academy \(NSA\), Dementia Resource Library](#)
- [Royal College of Nursing / Dementia pages](#)
- [Skills for Care / Dementia resources](#)
- [Social Care Institute for Excellence \(SCIE\), Dementia Gateway](#)

Appendix 2: User Guide

Learning outcomes

The learning outcomes aim to describe what the learner will know, understand or be able to do as a result of their learning. This approach is derived from Bloom's Taxonomy¹⁵ i.e.

- Knowledge: Remember previously learned information
- Comprehension: Demonstrate an understanding of the facts
- Application: Apply knowledge to actual situations
- Analysis: Break down objects or ideas into simpler parts and find evidence to support generalisations
- Synthesis: Compile component ideas into a new whole or propose alternative solutions
- Evaluation: Make and defend judgements based on internal evidence or external criteria.

The majority of learning outcomes at tiers 1 and 2 describe knowledge, comprehension! understanding and application, although there are some learning outcomes (particularly at tier 3) which may include analysis, synthesis and evaluation.

The learning outcomes for each subject should together indicate the minimum content for the design and delivery of teaching and learning for each tier in that subject. However, it is important to reiterate that this is a core skills and knowledge framework i.e. the scope of the framework is that which is common and applicable to all settings. Additional content may also be required for some roles and contexts.

The learning outcomes are written as broad statements e.g. 'The Learner will: be aware of ! know ! understand ! be able to...' This provides scope for the Framework to be applicable across a wide range of contexts and settings.

* Bloom B (1956), Taxonomy of educational objectives

Training and assessment

The Framework does not prescribe a training/teaching method. This will be developed according to the particular context or setting. Similarly, the Framework does not seek to prescribe assessment methods.

For application in a specific context, relevant learning objectives or assessment criteria may be developed to measure achievement of the learning outcomes. In a given context, more specific verbs may be applied to each learning outcome e.g. 'The learner will: explain / describe / demonstrate / discuss / identify / etc...'

For example, in different organisations or contexts learning outcomes may be assessed by a range of methods e.g. e-assessment, group discussion, observation of performance, products of work, testimony from witnesses, project/case study work etc. The learning outcomes in the Framework are intended to be adaptable to this variety of assessment methods.

Target audience

The Framework provides a focus on the skills, knowledge and behaviours expected for the delivery of dementia services. This should be of particular value to:

Individuals and teams

The Framework sets out clear expectations for learners and in particular, the core learning outcomes that specific tiers of the workforce should be able to demonstrate. This supports individuals and teams to:

- be clear about the requirements of their roles and to recognise their own transferable skills
- conduct formal or informal training needs analysis, comparing current skills and knowledge with required skills and knowledge
- plan future education and training requirements to enable continuing professional development and career progression.

Subject matter experts / trainers

The Framework helps those who design education and training opportunities to focus on the key outcomes that learners need to achieve, which in turn will guide the content to be included and the use of appropriate teaching strategies.

The specific learning outcomes also support the effective evaluation of education and training. Approaches to evaluation can include:

- evaluating whether learners have achieved the required learning outcomes immediately following a learning intervention (e.g. through assessment of knowledge and/or competence)
- evaluating whether the learning is being applied in the workplace (e.g. through longer-term evaluation of impact on practice, possibly as part of supervision or appraisal processes)
- evaluating the impact on quality of care (e.g. measuring patient outcomes and/or levels of satisfaction from individuals with dementia and their families). Such evaluation will require data collection to measure what changes.

Assessors of occupational standards

References to relevant national occupational standards and national skills frameworks indicate how the Framework relates to national standards. For example, a learner working towards the requirements of a national occupational standard could use the Framework as a guide to the skills and knowledge they would need to demonstrate in achieving the national occupational standard in the specific context of dementia care.

Managers in organisations / commissioners of training

The Framework enables managers and commissioners to be clear about the specific outcomes required from staff development interventions. Use of the Framework within an organisation enables managers to demonstrate that core dementia training has been planned and delivered in accordance with a nationally recognised Framework. Similarly, commissioners can use the Framework to provide education and training providers with a quality assurance specification for dementia core skills education and training.

Education providers

Universities, colleges and private training providers can use the Framework to underpin the design of education and training curricula, ensuring that the required core learning outcomes are integrated appropriately and/or mapped to overall achievement of curriculum aims. This will help ensure that those learners undertaking health and care programmes are given the opportunity to acquire dementia core knowledge and skills which are relevant to the requirements of employing organisations.

Regional and national implementation

A further aspiration in providing this Framework is that organisations will be able to review their current arrangements for defining and delivering dementia education and training and through the adoption of the Framework align their approaches. Such alignment should then have benefits in ensuring consistent approaches, which, through the use of learning outcomes, should be more educationally focused and valued. This has the potential to promote organisational and system wide efficiencies by encouraging the adoption of education and training which meets recognised standards and in doing so help to prevent unnecessary duplication of education and training delivery.

The Framework also aims to support the increasing integration between health and social care services and their respective workforces. In particular, a core skills framework can help to develop synergies such as improved communication, collaborative working and potentially providing opportunities for joint education and training.

Appendix 3: Comparison of the Dementia Core Skills Education and Training Framework with the HEE commissioned dementia education standards for curricula design

The Department of Health commissioned the Dementia Core Skills Education and Training Framework, which has been developed by Health Education England and Skills for Health. The Framework was developed in parallel with Dementia Education Standards and Principles, commissioned by Health Education England.

- 1) The Dementia Core Skills Education and Training Framework provides a detailed specification of minimum learning outcomes at tiers 1, 2 and 3 for the health and care workforce.
- 2) The Health Education England's commissioned research, 'Dementia Education: Empirical development of curricula standards and criteria to support Dementia Education' has been mapped against the Dementia Core Skills Education and Training Framework and been incorporated into this.
- 3) The Dementia Core Skills Education and Training Framework will be used by HEE for benchmarking curricula, commissioning education programmes and for the facilitation of consistent and high quality standards across England.

The table overleaf highlights how the Framework and the Curricula Standards are closely aligned:

Dementia Education Standards: Principles and principle standards			Dementia Core Skills Education and Training Framework: Subjects
1	Person-centred dementia care Education providers should inculcate person-centred care principles in their dementia care courses	Level 1	Person-centred dementia care Tier 2
		Level 2	
		Level 3	Person-centred dementia care Tier 3
2	Communication Education providers should include aspects of specific dementia communication strategies in their dementia care courses	Level 1	Communication, interaction and behaviour in dementia care Tier 2
		Level 2	
		Level 3	Communication, interaction and behaviour in dementia care Tier 3
3	Collaboration Education providers should promote a multi-disciplinary working approach in their dementia care courses	Level 1	Dementia awareness Tier 1
		Level 2	Leadership in transforming dementia care Tier 3
		Level 3	
4	Ethics Education providers should address ethical and legal frameworks and their application to decision making for dementia in their dementia care courses	Level 1	Law, ethics and safeguarding in dementia care Tier 2
		Level 2	
		Level 3	Law, ethics and safeguarding in dementia care Tier 3
5	Recognition Education providers should include methods to assess recognition of dementia in their courses	Level 1	Dementia awareness
		Level 2	Dementia identification, assessment and diagnosis Tier 2
		Level 3	Dementia identification, assessment and diagnosis Tier 3
6	End of life care Education providers should incorporate end of life care practices in their dementia care courses	Level 1	End of life dementia care Tier 2
		Level 2	
		Level 3	End of life dementia care Tier 3
7	Essentials of physical care Education providers should include caring for people's physical health in their dementia care courses	Level 1	Holistic health in dementia care Tier 2
		Level 2	Holistic health in dementia care Tier 3
		Level 3	
8	Evidence based practice Education providers should include instruction in dementia-specific evidence based practice techniques in their dementia care courses	Level 1	All subjects, in particular: <ul style="list-style-type: none"> • Person-centred dementia care • Dementia identification, assessment and diagnosis • Research in dementia care • Leadership in transforming dementia care
		Level 2	
		Level 3	
9	Cultural diversity Education providers should address the issue of cultural diversity and its impact on people with dementia in their dementia care courses	Level 1	Equality diversity and inclusion in dementia care Tier 2
		Level 2	
		Level 3	Equality diversity and inclusion in dementia care Tier 3
10	Advance care directives Education providers should include the topic of advance care directives in their dementia care courses	Level 1	Person-centred dementia care Tier 2
		Level 2	Law, ethics and safeguarding in dementia care Tier 2
		Level 3	

Appendix 4: Related standards and frameworks

National Occupational Standards (NOS)

National Occupational Standards (NOS) are statements of the standards of performance for individuals when carrying out functions in the workplace, together with specifications of the underpinning knowledge and understanding. NOS are developed for employers by employers through the relevant Sector Skills Council or Standards Setting Organisation.

All national occupational standards are available from the [NOS Directory](#).

Competence search tools are also available from the [Skills for Health Tools web site](#).

UK Core Skills Training Framework

Skills for Health has developed the UK Core Skills Training Framework which sets out the expected learning outcomes and standards for delivery of training related to the most common statutory and mandatory training subjects within the health sector. The aim is to help ensure the quality and consistency of such training, and to help prevent unnecessary duplication of training.

In order to access the UK Core Skills Training Framework, individuals must first register to use the Skills for Health Tools portal [here](#).

Once registered, it is possible to download the Framework documents. A number of tools and resources are available from the web site to help organisations map their training to the Framework.

Care Certificate Standards

Following the Francis Inquiry, Camilla Cavendish was asked by the Secretary of State to review and make recommendations on the recruitment, learning and development, management and support of healthcare assistants and social care support workers. The resulting report, published in July 2013, found that the preparation of healthcare assistants and social care support workers for their roles within care settings was inconsistent, and one of the recommendations was the development of the Care Certificate.

Skills for Health, Health Education England, and Skills for Care, have worked together to develop and pilot the draft Care Certificate documents.

The Care Certificate was formally launched in April 2015, replacing both the National Minimum Training Standards and the Common Induction Standards. Further information about the Care Certificate is available from [Skills for Health](#) and [Skills for Care](#).

HEDN: A Curriculum for UK Dementia Education

The HEDN is an open forum for those who teach or manage courses related to dementia care based within Universities in the UK.

As part of its commitment to improve professional education in dementia care, HEDN developed a Curriculum for Dementia Education (CfDE). The curriculum is designed to guide Higher Education providers in the key areas for inclusion in courses related to dementia care, at both pre-registration and post-qualifying levels.

Further information about the HEDN and the Curriculum for Dementia Education is available from [Dementia UK](#).

Appendix 5:

Links to the social care qualification framework

At a time of increasing levels of integration across health and social care, it is important to identify how the Dementia Core Skills Education and Training Framework links to the current framework in social care.


In common with all workforce development linked to the integration of services, there are aspects of dementia workforce development that apply solely to the healthcare workforce, aspects that apply solely to the social care workforce and those that apply to both. The current development framework relating to dementia in social care and the equivalent in health is as follows:

Stage of development	Social Care – content and occupational group(s)	Health - content and occupational group(s)
Induction	Care certificate has dementia section – for care workers	Care certificate has dementia section – for healthcare assistants
Basic Awareness Training linked to the common core principles for supporting people with dementia	E-learning/awareness course - For all occupational groups working in dementia settings in social care	E-Learning - Tier 1
Accredited Vocational Training – Regulated Qualifications Framework (RQF) <ul style="list-style-type: none"> • Dementia pathway in health and social care diploma • Level 2 – Award and certificate • Level 3 – Award and certificate • Level 5 – for managers 	Delivered by an accredited training provider in partnership with the social care employer. Applies to the majority of the workforce working in direct care – i.e. care assistants and senior care assistants. In addition a unit has been developed for managers.	Not generally undertaken by healthcare workforce due to occupation specific training

Following discussions between Skills for Care, Skills for Health and Health Education England a mapping exercise has been carried out to identify links between the social care framework identified above, and the Dementia Core Skills Education and Training Framework (presented overleaf).

Mapping of Skills for Care Regulated Qualifications Framework (RQF) components to the Dementia Core Skills Education and Training Framework Subjects:

Skills for Care Dementia RQF Components	DEM 201	DEM 202	DEM 204	DEM 205	DEM 207	DEM 209	DEM 210	DEM 211	DEM 301	DEM 302	DEM 304	DEM 305	DEM 308	DEM 310	DEM 312	DEM 313	DEM 308	DEM 501
Component title	Dementia awareness	The person centred approach to the care and support of individuals with dementia	Understand and implement a person centred approach to the care and support to the individuals with dementia	Understand the factors that can influence communication and interaction with individuals who have dementia	Understand equality, diversity and inclusion in dementia care	Equality, diversity and inclusion in dementia care practice	Understand and enable interaction and communication with individuals with dementia	Approaches to enable rights and choices for individuals with dementia whilst minimising risks	Understand the process and the experience of dementia	Understand and meet the nutritional requirements of individuals with dementia	Enable rights and choices of individuals with dementia whilst minimising risks	Understand the administration of medication to individuals with dementia using a person centred approach	Understand the role of communication and interactions with individuals who have dementia	Understand the diversity of individuals with dementia and the importance of inclusion	Understand the and enable interaction and communication with individuals who have dementia	Equality, diversity and inclusion in dementia care practice	End of life and dementia care	Lead and manage practice in dementia care
Dementia Core Skills Education & Training Framework Subject	JJ/601/2874	H/601/2879	F/601/3683	T/601/9416	P./601/2886	Y/601/9277	P./601/9434	H/601/9282	J/601/3538	T/601/9187	P./601/9191	K/601/9199	L/601/3539	Y/601/3544	Y/601/4693	F/601/4686	F/503/8704	D/504/2212
1	Dementia awareness																	
2	Dementia identification, assessment and diagnosis																	
3	Dementia risk reduction and prevention																	
4	Person-centred dementia care																	
5	Communication, interaction and behaviour in dementia care																	
6	Health and well-being in dementia care																	
7	Pharmacological interventions in dementia care																	
8	Living well with dementia care and promoting independence																	
9	Families and carers as partners in dementia care																	
10	Equality diversity and inclusion in dementia care																	
11	Law, ethics and safeguarding in dementia care																	
12	End of life in dementia care																	
13	Research and evidence based practice in dementia care																	
14	Leadership in transforming dementia care																	

Hiers: 1 + 2 + 3 

Hiers: 2 + 3 

Hier: 3 

Appendix 6:

Suggested standards for training delivery

The employing organisation should be assured that Learning Facilitators have the appropriate experience and background to deliver training to a satisfactory standard. For guidance, this may include the following:

- a current and thorough knowledge of the relevant subject
- experience of teaching and learning, including the ability to meet the competences expected for [LSILADD04 Plan and prepare specific learning and development opportunities](#).

The organisation should also ensure that they have put in place a quality assurance mechanism, whereby the accuracy of the content and the effectiveness of its delivery has been quality assured and is subject to periodic observation.

Where e-learning is used, the organisation must ensure the accuracy of the content and its coverage of the required learning outcomes.

[The Education Outcomes Framework \(Department of Health 2013\)](#) provides further guidance on the quality of training with a focus on improvements in patient care, health outcomes and addressing variation in standards.

[The Health Education England \(HEE\) Strategic Framework 15](#) provides the context and strategic direction for the education and training of the current and future healthcare workforce.

Appendix 7:

Proposed frequency of refresher training or assessment

Each organisation will determine any required refresher periods according to local needs and risk assessment, ensuring that any agreed training schedule is incorporated into local policy.

Refresher training will be indicated if staff changes role, there is a change in relevant legislation, national guidelines, organisational protocols or new technologies become available.

Assessment of competence

- Where a staff member or learner can demonstrate through robust pre-assessment, including where relevant, practical assessment, the required level of current knowledge, understanding and practice, then this can be used as evidence that knowledge and skills have been maintained and the staff member may not need to repeat refresher training.
- Where a staff member or learner does not meet the required level of current knowledge and understanding and practice through pre-assessment, they should complete the refresher training and any associated assessments required.

Appendix 8: Reference list

The following are key references which informed the development of the Dementia Core Skills Education and Training Framework. In addition, a reference list and bibliography were produced as part of the desk research, available as a separate report.

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