

Title	Demonstrate knowledge of support for people living with dementia		
Level	4	Credits	6

Purpose	<p>People credited with this standard can:</p> <ul style="list-style-type: none"> • describe how to support people living with dementia; • describe support for people living with dementia who have co-existing conditions. • identify and describe safe practice de-escalation strategies for minimising the need to restrain a person living with dementia.
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Classification	Health, Disability, and Aged Support > Older Persons' Health and Wellbeing
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Available grade	Achieved
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Guidance Information

1 Scope of practice

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

2 Assessment notes

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

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

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

New Zealand Standards relevant to this unit standard include but are not limited to the following, or subsequent revisions of:

- NZS 8134:2021 *Ngā Paerewa Health and Disability Services Standard*;
- NZS 8158:2012 *Home and Community Support Sector Standard*; available at <http://www.standards.co.nz/>.

3 Definitions

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

Meaningful engagement for a person living with dementia is determined by which activities have meaning to them and which do not. Engagement is about the experience of being involved in activity that brings purpose and meaning - not the outcome. The person living with dementia determines what is meaningful to them. *Person-centred approach* is an approach that encourages participation and choice for the person being supported. It recognises and encourages the importance of relationships and interactions with others and, where possible, supports continuation of those relationships to support the person with dementia. A person-centred approach accounts for unique qualities, abilities, interests, preferences, and needs. In the context of this standard, a person-centred approach acknowledges the individuality of people with dementia and the impact of their personality and life experiences on how they live with dementia. It acknowledges the importance of the person's perspective, and their social, mental, emotional, spiritual, and cultural needs.

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

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

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

4 Reference

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

Outcomes and performance criteria

Outcome 1

Describe how to support people living with dementia.

Performance criteria

- 1.1 The possible impacts of dementia on the daily life of a person living with dementia are described.

Range psychological, physiological, spiritual, social, emotional, cultural, environmental.

1.2 Care strategies that focus on meeting the needs of a person living with dementia are described.

Range four strategies;
strategies may include but are not limited to – avoidance of triggers, pain management, ensuring basic needs have been met (food, hydration, toileting, companionship), diversion, meaningful engagement, calming strategies, de-escalation, noise reduction, communication techniques, complementary therapies (eg music, sensory stimulus, sensory room), warm relationships and spending time together, debriefing, keeping a behaviour log to identify trends and patterns, preparing a safe social and physical environment, stress management, time out, knowing the person well, safety, capable communication, a warm community atmosphere, making the environment dementia friendly.

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

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

1.4 Person-centred approaches to advanced care planning are described.

Range approaches may include but are not limited to – transition to dementia care, transition to end-of-life care, palliative care, enduring power of attorney.

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

Range four communication techniques;
communication includes – the person living with dementia;
communication may include – family, whānau, care partner;
best-practice communication techniques may include but are not limited to – short sentences, speaking directly to the person, ensuring you have their attention, eliminating competing noise, making one point at a time, framing questions to ask only one thing at a time.

1.6 Meaningful engagement activities and the importance of their inclusion in a personal plan for a person living with dementia are described.

Outcome 2

Describe support for people living with dementia who have co-existing conditions.

Range two co-existing conditions;
co-existing conditions may include but are not limited to – asthma, chronic obstructive pulmonary disease (COPD), chronic wounds, congestive heart failure and/or other heart conditions, depression, diabetes, epilepsy, hypertension, multiple sclerosis, obesity, Parkinson’s disease, respiratory disease, stroke.

Performance criteria

- 2.1 Co-existing conditions and their impact on a person living with dementia and the provision of support are described.
- 2.2 How co-existing conditions affect the provision of support is described.

Outcome 3

Identify and describe safe practice de-escalation strategies for minimising the need to restrain a person living with dementia.

Performance criteria

- 3.1 De-escalation strategies for minimising restraint for a person living with dementia are described according to NZS 8134:2021 *Ngā Paerewa Health and Disability Services Standard*.

Range four strategies;
strategies may include but are not limited to – understanding and avoidance of triggers, keeping a behaviour log to identify trends and patterns, early recognition and timely interventions, meaningful engagement; calming strategies, ensuring basic needs have been addressed (for example: toileting, food and fluids, companionship), determining and addressing other stress factors, use of a holistic need checklist, medication.

- 3.2 Any relevant organisational restraint minimisation and safe practice processes are identified and described.

Planned review date	31 December 2026
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Status information and last date for assessment for superseded versions

Process	Version	Date	Last Date for Assessment
Registration	1	20 March 2008	31 December 2017
Revision	2	21 January 2011	31 December 2017
Review	3	18 June 2015	31 December 2023
Review	4	19 November 2015	31 December 2023
Review	5	27 May 2021	N/A
Revision	6	30 June 2022	N/A

Consent and Moderation Requirements (CMR) reference

0024

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

Comments on this unit standard

Please contact Toitū te Waiora Community, Health, Education and Social Services Workforce Development Council qualifications@toitutewaiora.nz if you wish to suggest changes to the content of this unit standard.