

<b>Title</b>	<b>Support people living with dementia</b>		
<b>Level</b>	<b>4</b>	<b>Credits</b>	<b>7</b>

<b>Purpose</b>	<p>People credited with this standard can:</p> <ul style="list-style-type: none"> <li>• identify and record the impact of dementia on a person living with dementia;</li> <li>• support a person living with dementia;</li> <li>• reduce the impact of dementia on behaviour to support a person living with dementia; and</li> <li>• manage the effects on self of providing support to people living with dementia.</li> </ul>
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<b>Classification</b>	Health, Disability, and Aged Support > Older Persons' Health and Wellbeing
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<b>Available grade</b>	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.

*Others* are people affected by the behaviour of a person who lives with dementia.

*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 for 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

Identify and record the impact of dementia on a person living with dementia.

#### Performance criteria

1.1 Any impacts of dementia on a person living with dementia are identified.

Range impacts include but are not limited to – psychological, physiological, spiritual, social, emotional, cultural, environmental.

1.2 Any physical changes in a person living with dementia are observed, recorded, and reported.

Range four observations; changes include but are not limited to – condition, signs, symptoms, behaviour.

## Outcome 2

Support a person living with dementia.

### Performance criteria

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

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

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

Range two strategies;  
strategies may include but are not limited to – knowing the person well, ensuring basic needs have been met (food hydration, toileting, companionship) safety, staff education and training, capable communication, a warm community atmosphere, the environment.

2.3 Strategies for responding to any changes are agreed with the person living with dementia or a person empowered to act on their behalf, included in the personal plan, and applied to meet the objectives of the plan.

Range one strategy for each change;  
strategies may include but are not limited to – risk management, communication, information provision.

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

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.

2.5 Support for co-existing conditions is provided to support a person who is living with dementia.

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.

### Outcome 3

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

#### Performance criteria

3.1 Behaviours and their causes that may distress a person living with dementia or others are identified.

Range distressing behaviours may include but are not limited to – emotional patterns, self-awareness level, disinhibitions, gathering or searching for familiar or wanted items, sexuality, late-day confusion, difficulty sequencing, hallucinations, mobility routines.

3.2 Care strategies are applied to reduce the effect of dementia on behaviour.

Range four strategies;  
care strategies may include but are not limited to – avoidance of triggers, pain management, 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.

3.3 Strategies to avoid the need to restrain a person living with dementia are used.

Range two strategies;  
restraint avoidance strategies may include but are not limited to – identifying unintentional restraints, eliminating unnecessary restraints, determining and addressing other stress factors, use of a holistic need checklist.

### Outcome 4

Manage the effects on self of providing support to people living with dementia.

**Performance criteria**

4.1 Any effects on self of providing support to people living with dementia are identified using self-reflection and described.

Range four effects;  
areas of effect may include – psychological, physiological, spiritual, social, emotional, cultural, environmental;  
effects may include but are not limited to – abuse, burnout, loneliness, stress.

4.2 Strategies for managing the effects on self of providing support to people living with dementia are identified and applied.

Range two strategies.

<b>Planned review date</b>	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	27 May 2021	N/A
Revision	5	30 June 2022	N/A

<b>Consent and Moderation Requirements (CMR) reference</b>	0024
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This CMR can be accessed at <http://www.nzqa.govt.nz/framework/search/index.do>.

**Comments on this unit standard**

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