



CHCAGE011

Provide support to
people living
with dementia



CHCAGE011

Provide support to people living with dementia

Release 1

Learner Guide

Aspire Version 1.2

CHCAGE011 Provide support to people living with dementia, Release 1

© 2023 Aspire Training & Consulting
PO Box 5107, Bentleigh East, VIC 3165 Australia
Phone: (03) 9820 1300

First published January 2023

Reprinted with amendments September 2023

Cover design Anne-Marie Reeves Design

Printer Doculink Australia Pty Ltd, 1d/28 Rogers Street, Port Melbourne VIC 3207

e-ISBN 978-1-922466-81-5 (PDF version)

ISBN 978-1-922466-80-8

Version control and modification history

Version	Release date	Modification
Release 1, version 1.1	January 2023	First release
Release 1, version 1.2	September 2023	Minor corrections as part of our continuous improvement program

Aspire Training & Consulting apologises for any copyright infringement that may have occurred in this Learner Guide and invites copyright owners to contact us so violations may be rectified. Every effort has been made to ensure that information within the text is accurate. Note that the writer and publisher accept no responsibility for any loss, damage or injury arising from such information.

Except where an information source is acknowledged, the names and details of individuals and organisations in examples are fictitious and have been devised for learning purposes only. Any similarity to actual people or organisations is unintentional. All websites within the text were accessed and deemed appropriate at time of publication.

For updates to previously published errors, please refer to our website.

Copyright Warning

**The copyright in this product is owned by Aspire Training & Consulting Ltd
(ABN 51 054 306 428).**

Aspire Training & Consulting Ltd owns all copyright to its products. Except as permitted by the Copyright Act 1968 (Cth) or unless you have obtained the specific written permission of Aspire Training & Consulting Ltd, you must not:

- reproduce or photocopy this product in whole or in part
- publish this product in whole or in part
- cause this product in whole or in part to be transmitted
- store this product in whole or in part in a retrieval system including a computer
- record this product in whole or in part either electronically or mechanically
- resell this product in whole or in part.

Aspire Training & Consulting Ltd:

- invest significant time and resources in creating original products
- protect their copyright material
- will enforce their rights in copyright material
- reserve their legal rights to claim loss and damage or an account of profits made resulting from infringements of their copyright.





Contents

Before you begin	v
Topic 1: Prepare to provide support to people living with dementia	1
1A Read the individualised plan to determine the person’s needs and preferences	2
1B Use person-centred care approaches	16
1C Provide a stable and familiar environment	19
1D Refer problems outside your own scope	23
1E Recognise and report signs of abuse or neglect	27
Summary	36
Learning Checkpoint 1	37
Topic 2: Use effective communication strategies	43
2A Communicate in a supportive manner	44
2B Support engagement using verbal and nonverbal communication	50
2C Use validation strategies to provide reassurance and reduce distress and agitation	54
2D Communicate with families and carers	56
Summary	60
Learning Checkpoint 2	61
Topic 3: Support the person to participate in activities according to the individualised plan	65
3A Develop an understanding of the person’s likes, dislikes, strengths and interests	66
3B Encourage the person to engage in activities that facilitate independence	71
3C Access information about the person’s reminiscences and routines	77
3D Balance dignity of risk with duty of care	82
3E Use assistive technologies	88
Summary	98
Learning Checkpoint 3	99



Topic 4: Use a strengths-based approach to meet the person’s needs	103
4A Gain awareness of identified behaviour, potential triggers, unmet needs and stressors	104
4B Identify strategies to reduce stressors and meet the person’s needs	110
4C Use identified strategies to reduce negative outcomes of behaviours	114
Summary	123
Learning Checkpoint 4	124
Topic 5: Complete documentation	129
5A Observe, document and report changes in the person’s behaviour	130
5B Complete, maintain and store documentation	134
Summary	140
Learning Checkpoint 5	141
Glossary	143

Aspire acknowledges the homelands of all Aboriginal and Torres Strait Islander peoples and pays our respect to Country



Before you begin

This Learner Guide is based on the unit of competency *CHCAGE011 Provide support to people living with dementia*, Release 1.

Your trainer or training organisation must give you information about this unit of competency as part of your training program.

How to work through this Learner Guide

This Learner Guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the Learner Guide you need to read, and which Practice Tasks and Learning Checkpoints you need to complete.

Feature of the Learner Guide	How you can use each feature	
Learning content	Read each topic in this Learner Guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.	
Examples	These highlight learning points and provide realistic examples of workplace situations.	
Practice Tasks	Practice Tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which Practice Tasks to complete.	
Callouts	Callouts reiterate key learning points to help students revise for their assessments.	
Weblinks	Weblinks provide learners with additional content to contextualise their learning and develop their understanding.	
Videos	Videos provide a visual reference of key concepts to aid comprehension and guide learner exploration. Each video is accessed by a QR code in the Learner Guide (or a button in the eBook version) for ease of access.	 
Glossary/margin definitions	Key terms are defined where they first appear to help consolidate understanding. A glossary of terms is provided at the end of the Learner Guide to assist learner revision of key concepts.	
Summaries	Key learning points are provided at the end of each topic.	
Learning Checkpoints	There are Learning Checkpoints at the end of each topic. Your trainer will tell you which activities to complete. These activities give you an opportunity to check your progress and apply the skills and knowledge you have learnt.	
Case studies	Case studies are interspersed throughout the learning content to provide a workplace setting that contextualises key concepts.	



Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

These skills are listed below:

Foundation skill area	Foundation skill description
Reading	<ul style="list-style-type: none">• Understanding how documents are presented and being able to navigate through documents• Understanding industry and job-specific terminology• Interpreting key information in relevant documents• Understanding routine workplace checklists and documentation
Writing	<ul style="list-style-type: none">• Planning, drafting and writing reports and documents• Communicating through written letters, email and online• Recording progress; reporting incidents
Oral communication	<ul style="list-style-type: none">• Clarifying instructions• Providing information• Supporting others through encouragement, negotiation and conflict resolution• Using body language to model desired behaviour and responding to others' body language
Numeracy	<ul style="list-style-type: none">• Calculating costs, weights, measurements of height and distance• Interpreting measurements
Learning	<ul style="list-style-type: none">• Understanding your job role, organisational procedures and legal responsibilities• Managing your work and seeing how well you are going• Making goals for yourself at work• Seeking professional development opportunities for continuous improvement
Problem-solving	<ul style="list-style-type: none">• Identifying problems• Working out how to fix a problem using problem-solving processes• Reviewing the outcome
Initiative and enterprise	<ul style="list-style-type: none">• Recognising opportunities to develop and apply new ideas• Generating ideas by thinking of new ways to do something• Making suggestions to improve work



Foundation skill area	Foundation skill description
Teamwork	<ul style="list-style-type: none"> Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	<ul style="list-style-type: none"> Planning your workload and commitments Implementing tasks Completing work on time Knowing how to deal with hazards and risks
Self-management	<ul style="list-style-type: none"> Understanding and applying decision-making processes Reviewing your behaviour and the impact of your decisions
Technology	<ul style="list-style-type: none"> Efficiently using digitally based technologies and systems correctly and safely Accessing, organising and presenting information Using equipment correctly and safely

Note: Not every unit of competency will contain all foundation skills.

What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcome	Rate your confidence in each section
Topic 1 Prepare to provide support to people living with dementia	1A Read the individualised plan to determine the person's needs and preferences	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Use person-centred care approaches	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Provide a stable and familiar environment	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Refer problems outside your own scope	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1E Recognise and report signs of abuse or neglect	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic	Key outcome	Rate your confidence in each section
Topic 2 Use effective communication strategies	2A Communicate in a supportive manner	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Support engagement using verbal and nonverbal communication	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Use validation strategies to provide reassurance and reduce distress and agitation	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Communicate with families and carers	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Support the person to participate in activities according to the individualised plan	3A Develop an understanding of the person’s likes, dislikes, strengths and interests	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Encourage the person to engage in activities that facilitate independence	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Access information about the person’s reminiscences and routines	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Balance dignity of risk with duty of care	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3E Use assistive technologies	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Use a strengths-based approach to meet the person’s needs	4A Gain awareness of identified behaviour, potential triggers, unmet needs and stressors	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Identify strategies to reduce stressors and meet the person’s needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4C Use identified strategies to reduce negative outcomes of behaviours	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



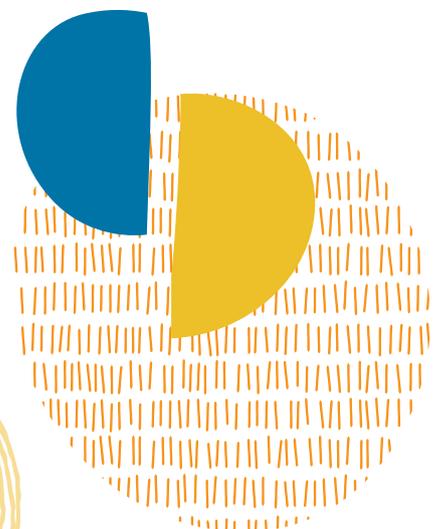
Topic	Key outcome	Rate your confidence in each section
Topic 5 Complete documentation	5A Observe, document and report changes in the person's behaviour	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5B Complete, maintain and store documentation	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident





Topic 1: Prepare to provide support to people living with dementia

- 1A Read the individualised plan to determine the person's needs and preferences
- 1B Use person-centred care approaches
- 1C Provide a stable and familiar environment
- 1D Refer problems outside your own scope
- 1E Recognise and report signs of abuse or neglect



1A

Read the individualised plan to determine the person's needs and preferences

Cognitive

Describing the brain's functions of thinking, reasoning and learning.

Dementia is a group of progressive neurological diseases that affect a person's cognitive abilities and behaviour.

A **progressive neurological** condition refers to a disease that affects the brain (neurological) and gets worse over time (progressive).

Progressive disease

A disease that develops, and often gets worse, over time.

Dementia is not one disease. Instead, it is a group of many different diseases. There are many different forms and causes of dementia, and they all differ in large or small ways.

Neurological

Affecting the nervous system, particularly the brain.

- Dementia is the second leading cause of death of Australians.
- It is the leading cause of death of Australian women.
- Every day, 250 people in Australia develop dementia.
- In 2021, an estimated 1.6 million Australians are involved in the support of someone with dementia.

Alzheimer's disease

Alzheimer's disease

The most common cause of dementia.

Alzheimer's disease is the most common form of dementia. It accounts for over half the diagnosed cases of dementia. However, it is just one type of dementia. Three major changes occur in the brain of a person with Alzheimer's disease.

1. Plaques of proteins, called amyloid plaques, form around the brain cells.
2. The pathways between the brain cells tangle (called neurofibrillary tangles).
3. The brain cells shrink or die and lose connection with each other.

As the brain cells die, the person's ability to make sense of the world decreases.

There are three stages of Alzheimer's disease. Here are the common symptoms during each stage of dementia.



Stage	Symptoms
Mild (early)	<ul style="list-style-type: none"> • Problems with memory (e.g. forgetting details of recent events, forgetting familiar people’s names, forgetting the answer to a question they have asked) • Problems finding the right words • Taking longer to do routine tasks • Difficulty understanding complex ideas • Difficulties with judgment and making decisions • Overwhelmed by cluttered/busy environments • Becoming lost in new places • Changes in mood or personality (e.g. losing interest in hobbies) • Difficulty managing money
Moderate (middle)	<ul style="list-style-type: none"> • Greater trouble with memory • Increased difficulty learning new tasks • Jumbled or confused speech • Problems thinking clearly • Trouble recognising and/or naming familiar objects, friends and family • Restlessness (finding it hard to settle) • Becoming lost in familiar, as well as unfamiliar, places • Tendency to wander or become lost • Limited skills in activities of daily living • Confusion about time and place • Neglectful of hygiene and self-care tasks (e.g. regularly eating) • Frustration with tasks and situations – angry/upset resulting from frustration
Severe (late)	<ul style="list-style-type: none"> • Little or no speech • Little or no memory • Trouble understanding what has been said to them • Acting on impulse • Very little recognition of familiar objects, people or places • Seeing or hearing things that are not there or not real • Aggressive behaviour • No understanding of time • Need for full support with all activities of daily living • Incontinence • Limited movement skills

The symptoms of Alzheimer’s disease can vary from person to person and may change in an individual from day to day. However, the symptoms will get progressively worse over time.

There is no cure for Alzheimer’s disease.

Vascular dementia

Vascular dementia is the second most common cause of dementia. This form of dementia is associated with problems of circulation of blood to the brain.

Factors that increase the risk of developing vascular dementia can include:

- high blood pressure
- smoking
- diabetes.

There are different types of vascular dementia. Multi-infarct dementia is the most common, and it is caused by small strokes called transient ischaemic attacks (TIA). These are temporary blockages in the small blood vessels in the brain. Damage to the brain occurs when TIAs continue to happen, causing cells to die over time.

The symptoms of vascular dementia depend on where in the brain the damage happened. It can sometimes cause depression and mood swings. Some symptoms, such as memory loss and confusion, can seem similar to Alzheimer's disease.

Huntington's disease

Huntington's disease is an inherited, degenerative disease that affects the nervous system. Symptoms of Huntington's disease are usually first seen between the ages of 30 and 50, and it affects more women than men.

Symptoms include:

- physical symptoms such as irregular movement (twitches or jerking) of the arms, legs and facial muscles
- changes in thinking such as difficulty concentrating, memory loss and impaired judgment
- emotional changes such as anxiety, depression and personality changes.

Most people who develop Huntington's disease have a family history of the disease, but it is possible to develop the condition without a family history. Genetic tests can help to determine whether someone has a strong chance of developing the disease or passing on the disorder to their children.

Although Huntington's disease cannot be cured or prevented, scientific research is being undertaken to develop new drugs and treatments to slow or halt its progression.



Parkinson's disease dementia

Parkinson's disease dementia refers to the decline in reasoning and thinking in people who have been diagnosed with Parkinson's disease.

It is estimated that 50–80 per cent of people with Parkinson's disease develop Parkinson's disease dementia. The average time of onset of Parkinson's disease dementia is 10 years after diagnosis of Parkinson's disease.

Symptoms of Parkinson's disease dementia include:

- changes in thinking, memory and judgment
- muffled speech
- visual hallucinations
- delusions
- depression, anxiety and irritability.

The cause of Parkinson's disease is unknown; however, the brain changes associated with the disease are abnormal deposits of a protein called 'Lewy bodies', which develop inside nerve cells. Lewy bodies are connected to multiple other brain disorders, including Lewy body disease (see below).

The symptoms of Parkinson's disease and Parkinson's disease dementia worsen over time. There are no treatments for stopping or slowing the progression of Parkinson's disease dementia. However, drugs that are used to treat Alzheimer's disease may help the symptoms of Parkinson's disease dementia.

Lewy body disease

Lewy body disease is a form of dementia that has some similarities to Alzheimer's disease.

Lewy body disease has only recently been recognised as a separate disease from Alzheimer's disease.

The symptoms include:

- difficulties with concentration and attention
- extreme confusion
- difficulty judging distances.

Some of the symptoms of Lewy body disease, such as tremors and stiffness, are similar to Parkinson's disease.

Lewy body disease is a degenerative condition. The disease progresses faster than Alzheimer's disease and the cause is unknown. No risk factors have been identified and the disease does not appear to be inherited.

Lewy body disease is caused by the death of nerve cells within the brain, which is thought to occur because of the presence of unusual growths called Lewy bodies.

Frontotemporal dementia

Frontotemporal dementia (FTD) is a form of dementia that results from progressive damage to the frontal and/or temporal lobes of the brain.

FTD, also referred to as frontotemporal lobar degeneration, was first described in 1892 by Arnold Pick (1851–1924) and was previously referred to as Pick's disease.

The symptoms vary depending on the area of the brain that has been damaged. There may be changes in:

- mood and behaviour, such as uncharacteristic rudeness
- ability to understand or find words or recognise familiar people.

Damage to the frontal lobe of the brain can lead to reduced intellectual abilities.

The temporal lobes of the brain (sitting behind the ears) are involved in processing and comprehending sounds and visual information. Damage to the temporal lobes of the brain can make it difficult for people to recognise things and express themselves.

Although it is similar to Alzheimer's disease, the initial signs of FTD are often in emotional and social functioning, rather than memory.

Symptoms of FTD can begin when a person is in their 50s or 60s, or younger. Some cases of FTD are genetic, however in other cases the cause of the brain changes associated with FTD are unknown. There is no cure for FTD although there are therapies that can assist with treatment.

Younger onset dementia

Younger onset dementia is any form of dementia diagnosed in a person under the age of 65 years.

Younger onset dementia can occur in people as young as 30, but it is much less common than dementia among older age groups. Because younger onset dementia is rare, it can be difficult to diagnose.

People with Down syndrome have a very high chance of developing dementia by their early 50s. This is thought to be because of a similarity in the genes that cause Down syndrome, and those that appear in some people with Alzheimer's disease.

Korsakoff syndrome

Korsakoff syndrome is caused by long-term abuse of alcohol and is characterised by symptoms that include memory problems and personality changes.

The causes of alcohol-related dementia may be the direct toxic effect of alcohol on brain cells or a lack of thiamine caused by excessive alcohol consumption. Unlike other types of dementia, Korsakoff syndrome can sometimes be stopped or even reversed when the person stops drinking.



Current research

Current research about dementia is giving some hope that in the future there may be a cure or treatment.

Australian and worldwide research is trying to find:

- the causes of Alzheimer's disease and other types of dementia
- how it might be detected early and prevented or stopped
- potential cures or treatments.

Here is a summary of some current research and findings:

Causes of dementia	<ul style="list-style-type: none"> • Inherited forms of dementia have been identified; one specific gene has been found to increase the risk of developing Alzheimer's disease. • Long-term habits such as multi-tasking are thought to reduce the length of brain connections, which might increase the risk of dementia. • A breakthrough study has found a link between long-term hearing loss and dementia, which might also be related to a high brain workload.
Diagnosing dementia	<ul style="list-style-type: none"> • The presence of high levels of protein in the blood can predict whether a person might develop Alzheimer's disease, up to 20 years before symptoms are present. • New technology such as neuroimaging could be used to diagnose various types of dementia earlier and more accurately.
Caring for people with dementia	<ul style="list-style-type: none"> • Therapies that stimulate the brain and the senses may help to reduce stress and anxiety in people with dementia.
Dementia treatments and cures	<ul style="list-style-type: none"> • Researchers are attempting to develop a vaccine for Alzheimer's disease. • Gene therapy might help prevent Alzheimer's disease in the future.
Dementia prevention and reduction	<ul style="list-style-type: none"> • 'Heart healthy' eating – limiting sugar and saturated fats, and eating lots of fruit, vegetables and wholegrains – may help lower the risk of Alzheimer's disease. • Research suggests a link between serious head trauma and Alzheimer's disease – taking steps to protect the head (e.g., wearing a seat belt, 'fall-proofing' the home) helps to reduce the risk of Alzheimer's disease. • Learning new skills and keeping your brain active over your lifetime is thought to help reduce the chance of developing Alzheimer's disease.

Source: https://www.alz.org/alzheimers-dementia/research_progress/prevention



The impacts of dementia

The symptoms of dementia, and the impact of those symptoms, can be challenging and stressful for a person living with dementia and for the people who support them.

Each person with dementia will experience different symptoms depending upon the type of dementia and the progression of the disease.

As dementia usually affects memory, communication and thinking skills, a person with dementia can find the world quite confusing. Think about being in a crowded, noisy place where many things are going on around you, such as a busy outdoor market. There is a lot of incoming sensory information (sounds, smells and sights). For someone with dementia, it can be difficult to filter out unnecessary information and concentrate on what is necessary. As a result, they can feel agitated, confused, worried, upset and restless.

Here are some of the common impacts of dementia on the person and those who support them:

Anxiety	<ul style="list-style-type: none"> Anxiety is one of the most common symptoms of dementia. Many people with dementia become anxious because they cannot make sense of the world. This is especially true when they are away from familiar environments. Their anxiety may cause them to cry, yell or ask for help from strangers.
Loss and grief	<ul style="list-style-type: none"> A person with dementia may feel loss, grief and a sense of despair about their loss of abilities and independence, especially at the time after diagnosis. For the family and loved ones, a sense of grief and loss comes from slowly feeling the person they knew and loved is no longer there.
Despair	<ul style="list-style-type: none"> Despair is an extreme feeling that there is no hope. The person and their family may feel that there will be nothing left to look forward to again. Despair and depression are very common among people with dementia, especially in long-term residential care. Despair can lead people with dementia to be at increased risk of self-harm, especially in the early stages. Later, they might often express their wish to die to you and others.
Anger	<ul style="list-style-type: none"> As dementia progresses, the person may find it difficult to express or manage their feelings. Anger can be the result of built up frustration and fear.



<p>Aggression and violence</p>	<ul style="list-style-type: none"> The person might easily become aggressive if they are not able to manage their anger. This often happens because they can no longer understand the impact of their behaviour on other people. They may be unexpectedly violent towards people close to them. This can be very distressing to the person and their loved ones.
<p>Social embarrassment</p>	<ul style="list-style-type: none"> This can be a factor for both the person and their family or support workers. In the early stages of the disease, the person may feel nervous about being in public or around others, because they cannot trust themselves to remain calm and lucid. They can still be aware that they are behaving or displaying emotions in a way that others may see as odd or confusing. Family members and significant others can also feel a sense of embarrassment and fear that the person might say something to upset them or other people.
<p>Disinhibition</p>	<ul style="list-style-type: none"> Disinhibited behaviour means the person forgets about social boundaries and taboos. They might undress or masturbate in front of others, or say offensive things that they would never have said in the past.
<p>Isolation</p>	<ul style="list-style-type: none"> People with dementia can often feel trapped in a world that makes it hard for them to connect with others in a meaningful way. This can lead to feelings of loneliness and isolation. For the people who support them, isolation can happen because they are unable to leave the person alone in the home, and equally unable to bring the person with them to unfamiliar or noisy environments. Friends can drop away as relationships become more difficult to maintain. Many family carers feel isolated and alone at home with the person they support.
<p>Social devaluation</p>	<ul style="list-style-type: none"> Social devaluation is the tendency of others in society to look down on people who dress, speak or behave oddly or differently. This can have a negative effect on the person when they notice that others speak down to them, exclude them or treat them differently.
<p>Financial implications</p>	<ul style="list-style-type: none"> If the person was still working when they were diagnosed, dementia will gradually reduce their ability to earn an income. They can become dependent on family, who may also need to give up work to support them. This can be especially distressing for people who develop younger onset dementia.

Disinhibition
Exhibited by persons who act outside of social boundaries and taboos.

Social devaluation
The tendency of people to look down on those who look, dress, speak or behave differently from them and are deemed of less value and significance to society.



Delirium
An acute (fast onset) episode of severe confusion.

Dysphagia
Difficulty swallowing.

Accommodation	<ul style="list-style-type: none"> Increasing confusion can mean it is dangerous for a person with advancing dementia to live alone. For many people who support someone with dementia, there comes a point where the physical and emotional impacts of caring become too difficult. At least half of people who live in aged care facilities have dementia. Moving out of the family home can be difficult and distressing for both the person and the people who support them.
Delirium	<ul style="list-style-type: none"> Delirium is an acute (fast onset) episode of severe confusion. It often happens when a secondary problem such as pain, illness or infection increases the person’s confusion. They might suddenly forget who and where they are. Paranoia is a common sign of delirium – the person may suddenly think you are trying to kill them or steal from them.
Confusion	<ul style="list-style-type: none"> Our ability to reason, think, learn and make sense of the world is called our cognition. A person with dementia will slowly lose their cognitive abilities, resulting in confusion and fear.
Loss of speech	<ul style="list-style-type: none"> Communication is lost slowly over time. As the person becomes more confused, they begin to forget names, then other words and phrases. They might have difficulty understanding what other people are saying. Eventually the person will no longer use or understand most speech.
Dysphagia	<ul style="list-style-type: none"> Dysphagia means difficulty swallowing. This happens towards the final stages of dementia when the person’s brain is no longer able to connect with the body systems and their important functions. Many people at the end stages of dementia develop and die from pneumonia. This can happen when fluid is swallowed incorrectly, enters the lungs and creates an infection.



Reading the person's individualised plan

Individualised plans are developed in consultation with the person receiving support and their families where needed. They include information about the goals, needs and preferences of the person, and how you can provide the best possible support.

Each person you provide support to will have been assessed by a range of professionals. An assessor talks to the person and their family about the person's needs and develops an **individualised plan**. The person's plan will tell you a great deal about the person and their needs and preferences.

The plan might include information about:

- the stage of dementia and how it affects the person
- the person's family and support network
- the person's background, such as past jobs and hobbies and what they enjoy doing
- how you can help them communicate
- how to respond if the person is using particular behaviours
- physical needs the person might have, such as help with personal care and eating
- how you can meet their cultural and religious needs
- personal likes and dislikes relating to their support.

Individualised plans must be reviewed as their dementia progresses, and the needs and abilities of the person change.

Here are some examples of how an individual's needs might change over time:

Memory	A person may experience more distress in the mild to moderate stages of dementia when they are more aware of difficulties remembering names, faces and recent events. They may need additional reminders and prompts during this time.
Personal hygiene	A person's ability to maintain their personal hygiene will decrease as their dementia progresses. They will need more support over time to shower, dress, feed and care for themselves.
Social activities	The person might be less able to participate actively in activities over time, but they might enjoy being nearby or listening to others. This is called passive participation and is still an important factor to consider in the person's day.
Language	A person who speaks English as a second language may begin to forget how to speak and understand English, and return to their first language as their dementia progresses. You might need to use translations or pictures to communicate with the person.

Individualised plan

A plan that has been developed with the person and/or their family to help staff provide support that meets the person's needs and preferences.



Video: Planning ahead – Dementia Support Plan

Watch the following video: aspirelr.link/dementia-care-plan

Pay particular attention to the information that support workers and family ask to be included in a person's individualised plan.



Example

Interpreting the individualised plan

Here are three examples of instructions included in individualised plans. Consider why it is important to document these objectively.

Parkinson's related dementia

- Molly Haldane is a 70-year-old woman with Parkinson's disease.
- She lives at home with her husband, Joe, who needs help to support Molly's physical needs.
- She has difficulty with movement, severe tremors and dementia. Molly is mildly confused and can become aggressive when she is upset.
- Molly enjoys:
 - listening to music
 - looking at pictures of her dogs.
- Molly needs help with showering and mobility. She uses a walking frame to return to her chair in the lounge after a morning shower. Joe likes to choose Molly's outfit for the day.
- Use single-step cues to make it easier for Molly to follow instructions.

Alzheimer's disease

- Len is a 67-year-old man. Len was in the army for many years.
- He has moderate stage Alzheimer's disease.
- He has difficulty expressing himself and uses only a few words. He becomes frustrated easily, and can lash out at his family and staff.
- Len needs help with all aspects of personal care.
- Len is distressed by sudden movements and loud noises.
- He was always an early riser, so prefers to get up at 6.30am and go to bed at about 8pm.
- He enjoys music from the World War II era.



Frontotemporal dementia (FTD)

- Jack is an 80-year-old man with FTD. Jack has always been a very outgoing and sociable man who was heavily involved in sport and competitive chess.
- Jack can still play chess, and enjoys other board games.
- FTD has affected the way Jack behaves in social settings, and he sometimes makes sexual comments towards female residents and staff. Where possible, Jack can be supported by male staff members for showering and dressing.

Practice Task 1

Question 1

Which of the following statements are correct? Select 'Yes' or 'No' for each one.

a. Alzheimer's disease is caused by plaques of proteins, called amyloid plaques, forming around brain cells.	Yes / No
b. In a person with Alzheimer's disease, the pathways between their muscle cells become tangled into what are called neurofibrillary tangles.	Yes / No
c. Alzheimer's disease causes brain cells to shrink or die and lose connection with each other.	Yes / No
d. Alzheimer's disease can be cured.	Yes / No

Question 2

Match each type of dementia to its correct description.

Vascular dementia	An inherited disease usually beginning between age 30 and 50
Lewy body disease	A dementia that develops in 50–80 per cent of people with another disease that causes tremors and stiffness
Parkinson's disease dementia	Caused by a series of mini strokes called TIAs
Huntington's disease	Similar to Alzheimer's disease but progresses faster; characterised by small growths in the brain



Question 3

Match each term about different types of dementia to its correct description.

Diagnosing dementia
Younger onset dementia
Frontotemporal lobar degeneration (FTLD)
Korsakoff syndrome

A type of dementia that only affects the front or side lobes of the brain
A type of dementia that only affects people who have had excessive alcohol intake over many years
A blood test to determine high levels of protein can predict this type of dementia up to 20 years before symptoms begin
Any type of dementia that occurs before the age of 65

Question 4

Which of the following emotions are typically experienced by the person and their support worker during the progression of dementia? Tick all that apply.

- Depression
- Jealousy
- Loss and grief
- Anger
- Despair

Question 5

List two examples of lifestyle changes that a person with dementia might experience as the disease progresses.



Question 6

Which of the following physical changes might a person with dementia experience as the disease progresses? Tick all that apply.

- Dysphagia
- Loss of hearing
- Loss of speech and cognition
- Violence towards others
- Hair loss

Question 7

Which of the following statements are correct? Select 'Yes' or 'No' for each one.

a. Family members can be embarrassed by the person with dementia, especially if the person is demonstrating disinhibited behaviour.	Yes / No
b. Delirium means the person can no longer swallow.	Yes / No
c. Self-harm and the desire to die can be signs of despair.	Yes / No
d. Social devaluation means the person has limited finances.	Yes / No
e. Caring for a person with dementia can cause financial hardship.	Yes / No

Question 8

List two things that might be included on an individualised plan to help you support a person with dementia.

1B

Use person-centred care approaches

Every individual is an expert in their own life with a unique history, outlook and hopes for the future.

Person-centred approach

Providing tailored support for each person and taking time to learn about their individual preferences, needs and goals.

A **person-centred approach** means getting to know each person and taking time to learn about their individual preferences, needs and goals, and then providing tailored support for that person.

Different people have different skills, preferences and histories. Some will take longer to do tasks than others. Some may need extra time to develop trust in you. You may need to tailor the way you communicate with the person you are supporting, provide them reassurance in situations that you know they might find challenging, and provide activities that reflect their interests and preferences.

In the past, aged care facilities used a 'once size fits all' approach. There was little consideration given to individual interests. Everyone might take part in a game of bingo, then a craft session, followed by a meal cooked in one big pot for everyone.

A person-centred approach is different. The key principles of a person-centred approach are outlined below.

Respect difference	<ul style="list-style-type: none">• Find out what matters to the person. Listen to and respect their individuality and different viewpoints, beliefs, values, preferences and abilities.• Provide support that is responsive to individual needs.
Provide choice	<ul style="list-style-type: none">• Person-centred care is focussed on giving choices.• When a person has dementia, you might have to limit choices to two or three options, such as two different coloured outfits for the day.• Even small everyday choices are important.
Support and respect decisions	<ul style="list-style-type: none">• It can be more difficult for a person with dementia to make decisions on their own, but it is still necessary to support them and give them the time to make decisions.• If the person doesn't want to take part in an activity or eat a certain food, this must be respected.
Find out about the person's past	<ul style="list-style-type: none">• You can learn a lot about the person's needs by understanding what they liked to do before they had dementia.• Talk to them or their family, and create activities and daily routines around the person's previous skills interests.



All of your interactions with a person with dementia should be person-centred.

This can include:

- helping the person to shower at a time that suits them, rather than when suits your staff routine
- providing options for meals, dress, activities and outings that suit the person's interests
- helping the person to follow religious and cultural practices, even when they forget to do this themselves
- encouraging the person to continue old hobbies with simplified steps, such as gardening or simple cooking tasks
- being creative in how you reduce boredom by providing something they specifically enjoy.

Every person with dementia who has changed behaviours that need to be managed should be met with responses to the behaviour that are known to work for them.

Here are two examples of how to apply a person-centred approach when working with people who have dementia:

The club member

Lina has been a member of a local social club all her life, but she can no longer attend the club on her own, and has difficulty remembering names and faces. A support worker drives Lina to the local club and stays with her as she interacts with the people she has known for decades. The support worker gives Lina reassurance when she gets anxious or agitated, and reminds her of people's names when Lina asks for help.

The traveller

Colin has always loved to travel. Since he was diagnosed with dementia, he's not been able to travel as much as he used to. With the help of his support worker and his family, Colin puts together a 'book of memories' – including photos and stories from some of his travels across the world – to remind him of the journeys he has been on. This activity also helps Colin's support worker learn more about him and his life.



Practice Task 2

Question 1

Briefly outline the person-centred approach.

Question 2

Which of the following statements relate to a person-centred approach? Tick all that apply.

- Having easy listening music playing in the background, because this type of music is something all older people enjoy.
- Helping a person who wants to eat breakfast later to understand why it is important for them to eat now while it is still hot.
- Providing rice and noodle dishes to a person who is more familiar with eating it and prefers it.
- Downloading 1950s Elvis movies onto a USB for a lady who loves Elvis Presley to watch when she would like.
- Helping a lady who always loved to dress well to wear her jewels and a smart suit each day as she prefers, even though it would be easier for you if she wore a tracksuit.

1C

Provide a stable and familiar environment

Every aspect of the environment can affect a person with dementia; including how they feel, how they act, and their communication.

Dementia often affects short-term memory first. This means that the person might have very good memories of their past life, but very few memories about the last few days, weeks or even years. It is common for an older person to remember names, objects and faces that they were very familiar with in the past, but to be confused about where they are right now, and who the people around them might be.

For this reason, familiar people, objects, activities and routines from their past can be very reassuring to the person. Familiarity grounds the person's memory, and helps them to feel that everything is OK.

Because dementia can impair memory and judgment, a person with dementia may find it difficult to understand or process a change in their routine or environment. For example, if a person with dementia usually has lunch at 12.30pm but lunch is not ready until 1pm, they may not be able to think through or understand the cause of the delay. They simply know they are hungry and that lunch has not arrived.

Stable and familiar environments

Support for a person with dementia can be provided in a range of settings including:

- the person's own home
- an aged care facility
- a planned activity group.

Here are some other things that can be done to help create or maintain a stable and familiar environment for a person with dementia.

Familiar objects

Having paintings, objects, photos and furnishings that they have brought from home can help reassure a person with dementia.

If the person lives in a facility, encourage and allow them to have the things around them that they know and like.

Technology is creating wonderful new ways to create familiarity in aged care services. Some services encourage family members to photograph the person's old

front door. This can be blown up into a decal the size of a large door, which is placed over the person's own door in the facility. Other services have an individualised picture or even a favoured object on a shelf next to each door, to help orientate the person to their own room.

It can help to label rooms, drawers and cupboards to help the person to stay independent. It is much easier to dress and find their way around when they can see pictures or words describing where their items are.

Signs, colours, arrows and pictures can help people in their own home or in a facility remember where the toilet is, or how to get to the dining room.

Remember that signs might need to be reproduced in the different languages spoken by residents in the service.

For some people, a picture of the room or item itself, or something that symbolises the room or item, can be helpful.



Familiar people

Seeing familiar faces can help a person with dementia feel less confused, especially when living away from home.

Many residential aged care services, and home and community services, try to roster key workers to the same resident or client as often as possible. This way, the person gets to know familiar faces, and is less likely to be confused.

Ask the family if they are happy to be contacted at any time of the day or night if the person becomes distressed. Contacting a familiar person on the phone or via video chat can be reassuring for the person when they become distressed.

If the person has made friends with a particular resident or day service client, make a real effort to encourage and promote that friendship, by thinking carefully about where you seat friends at a table or for an activity. The people you support do not have to like or get to know everyone, and it is natural for all of us to gravitate towards a few familiar friends in many social situations.

Some facilities allow people to bring pets such as a dog, cat or bird with them into residential aged care. Your service must consider this request, but if that is not possible, encourage family to bring beloved pets to visit. Animals can also be provided by companies who visit with companion animals. For a person who always had a pet, these routines can help remind them of these times.



Familiar routines

Continuing previous routines, wherever possible, helps provide familiarity to a person living with dementia.

This means you will need to ask questions about how the person spent their day before they came to the facility. For example, if an older man with dementia used to spend much of his day out in his garden and potting shed, try to incorporate activities with plants, either indoor or outdoors, where possible.

Try to keep new routines consistent. This can help the person to remember what will happen next. It can also be useful to have a gentle introductory routine to help the person transition from one activity or support routine to the next. For example, sit by the person's bed and chat to them first thing in the morning, before asking if they would like to get up for a shower.

Remind the person who you are by introducing yourself when you first see them for the day or when they seem to forget you. A simple "Hi Mrs Chan. It's Rosie!" can be very reassuring.

Wherever possible, the person's meals should reflect food that they are familiar with, including cultural or religious preferences.

Betty is 85 years old and lives in an aged care facility. Betty has dementia and has always been very active. When Betty first came to live in the facility, some residents complained that Betty was coming into their rooms looking for her room or the toilet. She sometimes urinated in the pot plant in the hall outside her room.

The staff talked to Betty and her children about how to help her navigate the environment. In consultation with Betty and her loved ones, they decided to trial a few approaches to help Betty find her way around.

They put a large photo of Betty with her pet cat on her door. Betty loved this photo and would talk to the staff about her cat when she was near the door. This helped her to become familiar with this part of the corridor, and she recognised it as her own.

They used a sign with a picture of the toilet on the walls, with arrows pointing to the toilet.

They moved the pot plant to another part of the corridor, so that Betty was less likely to become confused by it.

Joyce is 50 years old and has younger onset dementia. Joyce is living at home with the help of some community support services. She enjoys doing her own grocery shopping with her daughter Rose. Rose has recently noticed that Joyce seems to get anxious and confused when attending loud, crowded places. To ensure Joyce can continue to do her shopping, Rose has structured their shopping trips to take place at a quiet time of day, at the same shops and following the same routine. Rose has also noticed that by getting Joyce to push the trolley and walking beside her, Joyce seems to feel more secure and calm.



Practice Task 3

Question 1

Which of the following statements are correct? Select 'Yes' or 'No' for each one.

a. Having familiar faces around can help the person feel less afraid.	Yes / No
b. A transition routine can help the person move from one activity to another more easily.	Yes / No
c. Long-term memory is lost sooner than short-term memory.	Yes / No
d. By labelling rooms, drawers and cupboards, the person can stay independent for longer as they will find it easier to dress and find their way around.	Yes / No

Question 2

List two examples of how you could use familiarity and routine to help a person with dementia who is distressed and confused.

1D

Refer problems outside your own scope

It is not always easy to know what the person might need, or how needs can be met, especially when the person is unable to communicate.

Some concerns and problems can be solved by talking to your supervisor, or other members of the team. Other concerns or problems may need to be referred to professionals, such as a doctor or physiotherapist.

You might ask or consider:

- What is the problem?
- Why is there a problem?
- Who might be able to help?

Code of Conduct

The National Code of Conduct for Health Care Workers outlines your responsibility to report problems that are outside your scope or knowledge.

You should report to your supervisor:

- anything that makes you feel concerned for the safety and wellbeing of a person you support
- any sign or suspicion of **abuse** or neglect
- any changes in the person's condition, such as deterioration in their cognitive abilities, or signs of sickness
- pain or other symptoms that must be managed by a nurse
- requests that you know are not permitted to be performed by you, or that are outside policy.

If you are unsure how to proceed safely in a task you have been asked to do, always ask for clarification. You should be provided with support and training without question.

Abuse
Any intentional action that harms or injures another person.



You must never:

- give health or medical advice
- give financial or legal advice to a person or their family
- perform a task using equipment that you have not been shown how to use safely, including hoists.

For aged care workers in an approved aged care service, the Code of Conduct for Aged Care outlines the expected behaviours of workers and aged care providers. Providers have responsibilities under the *Aged Care Act 1997* (the Act), to comply with the Code and to take reasonable steps to ensure that aged care workers comply with the Code. Examples of behaviours you should report to your supervisor include:

- any act that shows disrespect to a person's freedoms and dignity
- any act that doesn't respect a person's privacy
- any care or support that is not safe or the person providing care is not competent in their care or skill.

You can read more about the National Code of Conduct for Health Care Workers here: aspirelr.link/national-code-of-conduct

You can read more about the Code of Conduct for Aged Care -a fact sheet for aged care workers here: aspirelr.link/coc-aged-care

Making referrals

Referral involves putting clients in touch with services that can help them. Referral is different from providing information. It involves bringing together a client and a service.

There may be situations where you need to make a referral for a person with dementia or for a person who is caring for them.

You might feel that a family member could benefit from attending a training or counselling session with an organisation like Dementia Australia.

You might know that the family is struggling financially. Professionals such as social workers are trained to link people who are disadvantaged to other supports in their community.

Other allied services such as occupational therapists specialise in helping people with dementia to access aids and equipment to help them be more active in their community.

There are many other professionals, services and online or in-person supports in your community that can help people experiencing difficulties.

Different organisations have different processes and procedures for making referrals. It is important for you to be aware of the processes and procedures that are



relevant to your role and your organisation. These could include processes related to sharing information with another service and providing referral documentation.

Visit the following link for information on support services for people with dementia and their families or support workers: aspirelr.link/better-health-services

Example

Referring problems

Josie is the full-time carer for her father, Mario, who has dementia. His condition has deteriorated recently. Josie finds she is unable to sleep soundly because she is worried Mario might go outside and start wandering and possibly hurt himself. Josie's health is suffering. Jack visits to help Mario with his shower. He notices that Josie is not coping and asks her if she needs more support.

Jack gives Josie the number of Dementia Australia. She calls them and they offer her a place in an upcoming free training session for support workers. They send out a support worker's kit that includes a range of up-to-date information about technology and aids that can help support Josie and her father, including a doormat alarm that alerts the support worker when the person is at the door.

Jack lets his supervisor know about the conversation with Josie, and the supervisor helps her to locate additional funding to purchase these aids.

Why must you take the time to identify problems and refer them to the appropriate person?



Practice Task 4

Question 1

Match each of the following problems that need referral to either your supervisor or other professional.

A family asks you to perform a task that is unsafe.	Supervisor
You are not sure how to do a task on the individualised plan.	Supervisor
The person with dementia wants medical advice.	Other professional
The person's family has asked you for legal advice about creating a will.	Other professional

Question 2

Which of the following statements relate to how you should respond if you notice that a person with dementia looks pale and withdrawn? Tick all that apply.

- Let them know what you think might be wrong with them.
- Report to your supervisor.
- Give them a painkiller.
- Call an ambulance.

Question 3

Provide three examples of issues or concerns support workers need to report to their supervisor that are outside of a code of conduct.

1E

Recognise and report signs of abuse or neglect

People with dementia can be especially vulnerable to abuse and neglect.

People with dementia are especially vulnerable to abuse, exploitation and neglect. There several possible reasons for this:

- They are more likely to be targeted by scammers or abusers in the community because they may be easier to take advantage of.
- The disease can make it difficult to for the person with dementia to recognise or report the abuse.
- Other people are sometimes less likely to believe them if they do report or hint that they are being abused. For this reason, abusers in aged care services might particularly target people with dementia.

The Australian Aged Care Royal Commission uncovered widespread abuse and neglect in aged care services in its 2020 report. In response, there have been significant changes made to legislation and the way that you must report potential signs of abuse. You have an ethical and legal responsibility to report suspected cases of abuse and neglect. Depending on your job role, this may include reporting to a supervisor, or to a state or territory department or to the police.

Forms of abuse, neglect and exploitation

Abuse means that a vulnerable person is subjected to treatment that is harmful or degrading or that exploits them.

When a person has dementia, they can easily be taken advantage of.

There are several different forms of abuse, neglect and exploitation:

Physical abuse	Unreasonable use of force or rough handling
Neglect	The person not having their basic needs for food, shelter, warmth and medical support met
Financial abuse	Includes stealing from the person or trying to control their finances Phone or internet scams attempting to make the person believe they are someone they are not, such as the tax department, or door-to-door salesmen who prey on older people



Psychological/ emotional abuse	Making the person feel fearful as a way to control their behaviour
Sexual abuse	Inappropriate jokes or grooming of the person, inappropriate touching, as serious as penetration and rape

Physical abuse

Physical abuse occurs when one person uses their body to intentionally harm or injure another person.

Physical abuse includes:

- hitting, slapping, punching, pinching a person, pulling their hair
- spitting at a person
- using physical restraints, such as being tied to a bed or chair
- restricting the person's freedom, such as holding them down
- using objects to hurt the person (e.g. using a strap to hit them).

Physical abuse also includes using force or rough handling to move the person, or using a **restrictive practice** that has not been properly approved according to law.

Restrictive practice

Any intervention or practice that restricts rights or freedoms of movement of a person.

Signs of physical abuse	
<ul style="list-style-type: none"> • Bruises, cuts, scabs and scars • Abrasions, welts, rashes • Swelling, burn blisters • Agitation, cowering • Tenderness, pain, restricted movement 	<ul style="list-style-type: none"> • Broken or healing bones • Drowsiness • Weight loss • Hair loss

Neglect

Neglect is the failure to provide a person with basic needs, such as adequate food or medical treatment.

Neglect includes:

- not providing enough to eat or drink
- not helping the person to keep warm and sheltered
- not using reasonable measures to keep the person safe from harm
- keeping the person isolated from others.



Signs of neglect

- Weight loss, dehydration, poor skin quality
- Person appears unkempt – same clothing worn every day of the week, loose or baggy clothing, clothing in poor state, hair unwashed, untrimmed nails, poor hygiene
- No dentures, hearing aids, mobility aids or glasses
- Skin burns from urine being in contact with the skin for prolonged hours
- Severe sunburn

Financial abuse

Financial abuse occurs when someone limits a person's access to money, manipulates the financial decisions the person makes or uses the person's money without their consent.

Financial abuse includes:

- forging the person's signature for gain
- stealing from the person
- forced changes to a will
- withholding funds
- failure to repay money borrowed from the person.

Financial abuse can be difficult to spot. People with dementia are vulnerable to financial abuse because they have often lost the ability to manage their finances. Those who take on responsibility for managing their finances can then exploit them. People with dementia can also be targeted by strangers who exploit them financially, such as con artists posing as representatives of a charity.

Signs of financial abuse

- Missing items or documents (e.g. treasured jewellery, coin collection, bank card).
- Inability to pay for basic items (e.g. food)
- Unpaid bills
- Large withdrawals from bank accounts
- Changes in banking habits
- Fear, stress, anxiety



Psychological/emotional abuse

Psychological/emotional abuse is ongoing intimidating behaviour that is designed to disempower a person.

Psychological and emotional abuse can be verbal or nonverbal and includes:

- pressuring, intimidating or bullying a person
- belittling, name-calling, degrading or humiliating a person
- threatening to harm a person
- verbal abuse, insults, harsh commands
- withdrawal of affection
- silencing and emotional blackmail.

Signs of psychological/emotional abuse	
<ul style="list-style-type: none">• Feeling helpless or ashamed• Depression, sadness, tearfulness• Confusion and disorientation• Loneliness and social isolation	<ul style="list-style-type: none">• Apathy• Nervousness and anxiety• Insomnia

Sexual abuse

Unwanted or uninvited sexual contact, language or exploitative behaviour by another person is sexual abuse.

Sexual abuse includes:

- sexual harassment
- indecent assault
- rape
- viewing obscene material in the presence of another person without their consent
- making obscene phone calls in the presence of another person without their consent.



Signs of sexual abuse
<ul style="list-style-type: none"> • Withdrawal, disturbed sleep patterns, agitation, fear • Drowsiness, vagueness, confusion • Unexplained difficulty sitting or walking • Unexplained bruising • Sexually transmitted infections • Unexplained bleeding around the genitals, chest, rectum or mouth • Torn or stained clothing

Mandatory reporting

Mandatory reporting refers to the legal requirement of people in certain job roles and industries to report suspected or actual abuse to the police.

There are slight differences in reporting requirements depending on where the person lives.

<p>In home and community services</p>	<p>You must report immediately to your supervisor anything that makes you concerned that a person might be being abused. Under mandatory reporting laws, your manager must then go to the police within 24 hours if sexual or physical abuse is suspected.</p>
<p>In residential aged care services</p>	<p>Mandatory reporting in residential services has been extended to include strict requirements that must be followed by your service when there is any sign, suspicion or chance that abuse of any kind might have been perpetrated by a worker or visitor to your service. In some cases it also includes abuse from other residents, even if they have dementia. This is called the Serious Incident Response Scheme (SIRS). It is covered in more detail in the next section.</p>

Mandatory reporting
The legal requirement of people in certain job roles and industries to report suspected or actual abuse to the police.

Under mandatory reporting laws, it is not up to the staff in the facility to investigate physical or sexual abuse. Investigation is the role of police. You must report anything that makes you suspicious or concerned about abuse, but you do not have to be certain of abuse.

You might become suspicious because:

- you have seen something that might be abuse
- you have seen the signs of abuse on the person
- the person has told you or hinted that they have been abused
- someone else tells you they have seen or are concerned about abuse.

There is a lot of information on mandatory reporting online, and each state and territory has specific information and requirements. You can read more here:

aspirelr.link/1800-respect-mandatory-reporting

Serious Incident Response Scheme

In residential aged care, mandatory reporting has been extended to include specific instances that must be acted on.

You must report to your manager specific concerns or observations in residential aged care. Your manager must then report to the Aged Care Quality and Safety Commission and/or the police within 24 hours. This legislation is called the Serious Incident Response Scheme (SIRS).

The following incidents must be reported under this scheme, even if you are not sure. These eight categories are called reportable incidents.

Under SIRS, there are eight types of reportable incidents:

Unreasonable use of force	This includes hitting, pushing, shoving, or rough handling a resident, such as using more force than is needed to turn or change a resident in bed. Your manager must contact the Commission and the police.
Unlawful sexual contact or inappropriate sexual conduct	This includes making sexual gestures, sexual touching or any sexual activities without consent. It includes non-consensual sexual activity between residents, such as a person with dementia being raped by another resident. It also includes any sign of sexual activity towards a person with dementia from a staff member, family member or visitor. Your manager must contact the Commission and the police.
Psychological/ emotional abuse	This includes making threats, yelling at or humiliating a resident. It also includes deliberately ignoring the person, keeping them confined to a room, or using punishment such as withholding food. Your manager must contact the Commission.
Unexpected death	If a person dies because of an incident or poor support, this must be reported. Your manager must contact the Commission and the police.
Stealing or financial coercion by a staff member	If a staff member steals from a person, uses their money for their own gain, or makes attempts to have the person change their will in their favour, these are reportable incidents. Your manager must contact the Commission and the police.
Neglect	Neglect can include not providing the person with support, leaving medical problems such as wounds untreated, or not giving the person necessary assistance with meals.



Inappropriate physical or chemical restraint	<p>There are strict laws for how restrictive practices are used. Restrictive practices include any practice that limits the person's rights or freedom, such as a physical restraint or bed rails. If a restrictive practice is used outside of the law, it is called inappropriate restraint. If laws are not followed correctly, the Commission must be notified.</p>
Unexplained absence from support	<p>If a resident cannot be found and there are reasonable grounds to report the absence to the police, this must also be reported to the Commission.</p>

In the past, many of these incidents were managed within an organisation. They usually did not include incidents that involved a person with dementia, such as when a person with dementia hit another resident. New legislation means that even if the incident was committed by a person with dementia, it still must be reported.

For more information about the Serious Incident Response Scheme, visit:

aspirelr.link/sirs

Example

Recognising signs consistent with abuse and neglect

Jennifer works in an aged care facility as a support worker. One of the residents at the facility, Gayani, has advanced dementia.

Jennifer walks into Gayani's room while another staff member, Jeff, is with her. Jeff quickly pulls his hand away from under Gayani's bedsheets when Jennifer enters. Gayani looks distressed and is pushing him away from her. He mumbles anxiously that he was adjusting her nightdress. Later, Jennifer notices unusual red marks on Gayani's breasts.

Jennifer does not want to believe that Jeff would abuse a resident, but she knows that Gayani is vulnerable and needs someone to speak up for her. Even though Jennifer is not sure, she knows that this has to be reported.

Jennifer talks to her manager in confidence. She is upset, but the manager reassures her that reporting is the right thing. "What if I have reported this and Jeff wasn't doing anything wrong?" she asks. "I don't want an innocent person to be in trouble."



The manager reassures her that Jeff will be given the opportunity to explain, and that he will be listened to. She also points out that in the past, people with dementia have been subject to ongoing abuse for the very reason that potential reporters were unsure whether to act. “We need to change that,” says the manager, “because Gayani does not have a voice. According to the law, I have to ring the police and the Aged Care Quality and Safety Commission, even if we are unsure. They will investigate it properly and carefully.”

Consider some actions you might take in your role to ensure the safety of those you support.

Practice Task 5

Question 1

Which of the following statements relate to mandatory reporting? Tick all that apply.

- Managers must investigate a claim of abuse first before going to police, to make sure of the facts.
- People with dementia are more likely to be targets of abusers than people without dementia.
- Being rough with a resident is not abuse if the person is resistant to support.
- Telling a person with dementia that there are snakes under their bed, in order to stop them from getting out of bed at night, is a form of abuse.
- Mandatory reporting means my manager must go to the police, but I must still report what I see to my manager.

Question 2

List three signs of physical abuse.



Question 3

List three examples of financial abuse.

Question 4

List three examples of neglect.



Summary

- Dementia is a group of hundreds of diseases.
- Alzheimer's disease is the most common form of dementia.
- Other types of dementia include vascular dementia, Huntington's disease, Lewy body disease and Korsakoff's syndrome.
- Common symptoms of dementia include memory loss, confusion and changes in personality.
- Individualised plans include information about the goals, needs and preferences of the person with dementia.
- A person-centred approach to support involves doing things in a way that works for the individual who is being supported, rather than the person or service who is providing the support.
- Stable and familiar environments are important to people with dementia.
- People living with dementia may find it difficult to understand or process changes in their routine or environment.
- People with dementia are more vulnerable to abuse, neglect and exploitation.
- Forms of abuse include neglect, physical abuse, financial abuse, psychological/emotional abuse and sexual abuse.
- People who support people with dementia have legal responsibilities to report suspected cases of abuse and neglect.



Learning Checkpoint 1

Prepare to provide support to people living with dementia

Part A

1. What information might you find out about a person with dementia in their individualised plan? Tick all that apply.

- How much alcohol they drank prior to developing Korsakoff's syndrome
- How the dementia affects the person
- The person's likes and dislikes
- The person's cultural background and practices
- The presence of amyloid plaques and neurofibrillary tangles in their brain

2. Which of the following statements are correct? Select 'Yes' or 'No' for each one.

a. Research has found that some types of dementia can be inherited.	Yes / No
b. All types of dementia have the same symptoms.	Yes / No
c. Amyloid plaques are found on the brain's nerves cells of people with Alzheimer's disease.	Yes / No
d. Neurofibrillary tangles are found in the brain cells of people with vascular dementia.	Yes / No
e. Once the brain cells have died, the body repairs them and Alzheimer's disease can show some signs of improvement.	Yes / No

3. Match each type of dementia to its correct description.

Parkinson's disease dementia	A degenerative brain disease that begins in the decades between 30 and 50, and mainly affects women
Lewy body disease	Occurs in some people around ten years after the onset of another disease that causes jerky movements and muffled speech
Huntington's disease	Named after unusual growths in the brain with similar symptoms to Alzheimer's disease



4. Which of the following statements are correct? Select 'Yes' or 'No' for each one.

a. The symptoms of frontotemporal dementia can vary depending on the area of the brain that has been damaged.	Yes / No
b. Korsakoff's syndrome is a type of dementia caused by long-term abuse of alcohol and typically results in memory problems and personality changes.	Yes / No
c. Frontotemporal dementia is also known as Huntington's disease.	Yes / No
d. Younger onset dementia can occur in people as young as 18.	Yes / No

5. Which of the following are examples of how dementia can impact the person's life? Tick all that apply.

- Emotional impact – the person may experience anxiety, loss and grief, despair, anger, depression, self-harm and suicidal thoughts.
- Physical impact – the person may experience dysphagia, loss of speech, loss of cognition, aggression and violence.
- Social impact – the person may experience isolation, social devaluation, embarrassment in social circles, disinhibition and financial hardship.
- Mental impact – the person may experience confusion and delirium.
- Cultural impact – the person may experience a change in ethnicity and religious beliefs.

6. Which of the following statements relate to a person-centred approach? Tick all that apply.

- Encouraging the person to make choices about what they want to do today
- Making sure that all of the tasks on your job list have been completed each shift
- Helping a person to practise their religion, even if the person forgets how to
- Giving everyone in the facility a chance to watch an old-time movie from the 1950s or 1960s
- Helping a person who used to enjoy cooking to participate in cooking-related activities



7. Which of the following statements are correct? Select 'Yes' or 'No' for each one.

a. Mandatory reporting means you should report falls and deterioration in the person's condition to your supervisor.	Yes / No
b. The National Code of Conduct and Code of Conduct for Aged Care is different in every ach service you work in, depending on their own policies.	Yes / No
c. Older people with dementia are more vulnerable to physical, sexual and emotional abuse than older people without dementia.	Yes / No
d. Financial abuse can be committed by the person's family.	Yes / No
e. Abuse can be committed by people who are strangers to the person.	Yes / No

8. Suggest one reason why it might be necessary to move a person with advancing dementia to other accommodation.

Part B

Read the case study, then answer the questions that follow.

Case study

Rhonda works in the community as part of a team that assists with showering people in their own homes. Thomas is an 88-year-old man with Parkinson's disease and moderate dementia. Thomas lives at home with support from Rhonda and some other home services. He has a son who comes over every evening to provide him with a hot meal and help him change for bed. Thomas has significant memory loss, becomes agitated by background noise, cannot express his emotions and is at high risk of falls. Thomas previously played violin in an orchestra, so he loves the sound of the violin.



1. Suggest one reason why Thomas might be happier in his own home than in a facility.

2. Identify what knowledge about Thomas Rhonda can use to help him to feel comfortable and happy in his environment?

3. Today Thomas has fallen but got up straight away and does not appear injured. What should Rhonda do about this?

4. Thomas' family are distressed by his agitation and nothing seems to work to keep him calm. Suggest at least one place Rhonda can suggest they seek help.



5. Suggest two ways that Thomas' dementia may impact upon his ability to express his emotions.

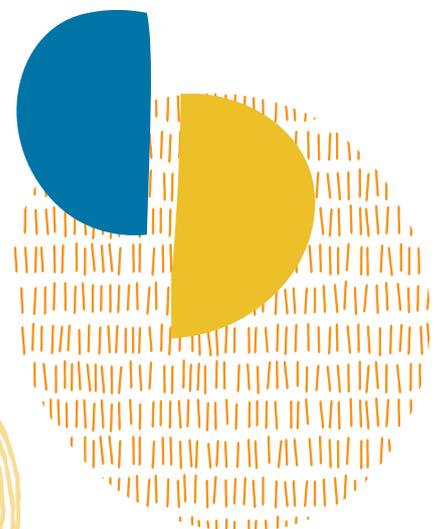
6. Identify two examples of signs and behaviours that could make Rhonda suspect that Thomas was being neglected by his support workers or family.

7. What should Rhonda do if she sees these signs?



Topic 2: Use effective communication strategies

- 2A Communicate in a supportive manner
- 2B Support engagement using verbal and nonverbal communication
- 2C Use validation strategies to provide reassurance and reduce distress and agitation
- 2D Communicate with families and carers



2A Communicate in a supportive manner

Although difficult at times, communicating with people with dementia is an important and essential component of providing person-centred support.

For people living with dementia, the challenges of communication can include:

- difficulty finding words
- a reduced vocabulary
- difficulty understanding what someone is saying.

When a person with dementia is tired, in a new place or situation, or anxious, these communication difficulties can multiply. Because dementia is more common in older people, hearing loss can also be a problem.

Engaging with a person with dementia

There are several general and specific techniques that can be used to help people with dementia to communicate with the people around them.

Background noise can be confusing. It competes with the message that you or the person are trying to get across. Reduce background noise by lowering the volume on the television or radio. Wherever possible, find a quiet place to talk with the person, one that is free from the distractions of other residents or staff.

A person with dementia may forget to use their hearing aids or glasses. These can help the person to hear and see you when they are talking and listening. If the person uses a hearing aid, make it a careful routine to check that they have put it in correctly and that it is turned on. Try to leave the person's glasses on for as long as possible when performing personal care, such as showering, because this can help them to make sense of the space around them and what you are communicating.

Respecting the person's dignity when communicating

Some people treat people with dementia as if they are children, or deaf, or as if they are not there at all.

Over time, this can lead to the person giving up on communication, or feeling worthless.

The person with dementia is still a person with the right to be part of the community and the people around them.



Here are some of the ways you can support the person's dignity:

Give the person your full attention.

Don't stand over the person while they are sitting or lying down. Instead, bend or crouch to their level while holding a conversation.

Speak to the person as an adult, not a child. Use the person's preferred name (do not use patronising terms such as 'sweetie' or 'darling').

Use reassuring and familiar words and phrases.

Speak at a pace and volume that is suitable for the person.

Allow time for what you have said to be understood.

Be patient and listen. The person might take time to respond.

When providing support, avoid talking over the person to other workers and family members as if the person is not there. Include them in every conversation, even if they cannot respond. You might do this by telling the person what you did on the weekend, using their name, and smiling at them.

Don't interrupt other workers who are talking to a person with dementia as if the person is not there. If you do need the worker's attention, wait until they have finished talking and then introduce yourself to the person.

Video: Communicating with people with dementia

Watch the following video, which explores the various ways communication can be supported when speaking to a person with dementia:

aspirelr.link/communicating-people-with-dementia

Pay particular attention to the advice given regarding the use of verbal and nonverbal communication.



Respecting cultural background when communicating

Dementia affects people from all cultural backgrounds.

If the person has different language or cultural styles in communicating, it is important to take these into account and adjust your communication where possible to meet the person's needs.

Even if the person has spoken English in the past, the brain changes associated with dementia can sometimes result in the person remembering only their first language. This means that you may need to use words in both English and other languages.

Here are some examples of how you can do this effectively.



<p>Enlist family members where possible to help you to communicate with the person</p>	<ul style="list-style-type: none"> • If possible, call family members on the phone or via live chat if you are having difficulty communicating in the person’s language. • Family or friends who speak the person’s language can help you to put together a communication book or poster with the words the person uses translated into English, or into pictures.
<p>Use bilingual staff to help</p>	<ul style="list-style-type: none"> • Sometimes the person might be more at ease with a staff member who speaks their language.
<p>Use interpreters</p>	<ul style="list-style-type: none"> • National Translation and Interpreter Service (TIS) is a free phone service that can be used by government-funded services to help communicate with the person in their language in real time.
<p>Use technology</p>	<ul style="list-style-type: none"> • Apps and websites like Google Translate can be very useful for translating your words into the person’s language. • Pictures and images on a phone or tablet can be shown to the person to help you to communicate a message. • Print out or draw images that might be meaningful to the person so that you can refer to them quickly again later.
<p>Learn some words or phrases in the person’s language</p>	<ul style="list-style-type: none"> • Try to learn some useful words or phrases that might reassure the person and help them to understand the most common things you or they might wish to say. • For example: <ul style="list-style-type: none"> - My name is... - Hungry - Thirsty - Toilet - Shower - It’s OK. - I will call your son/daughter/husband/wife/partner.

Cultural sensitivity
Being aware of cultural differences that might affect communication.

Cultural sensitivity means being aware of cultural differences that might affect communication. Here are some examples.

- In some cultures, avoiding eye contact is often viewed as an indication of disinterest, rudeness or dishonesty. In other cultures, avoiding eye contact is a sign of respect.
- Respect personal space, because some people might see you coming too close as a sign of disrespect.
- Remember that people from some cultures might use emotion or hand gesturing to help convey meaning.



- People from Aboriginal and Torres Strait Islander backgrounds might find it offensive or distressing if you refer to someone who has died, such as the person's partner.

For more information about cultural diversity and ageing see:

aspirelr.link/cultural-diversity-elderly

Video: Looking after brain health

Watch the videos developed for Aboriginal and Torres Strait Islander communities: aspirelr.link/indigenous-dementia-resources

What can people do to keep their brain active?



LGBTI and dementia

Supporting a person with dementia who identifies as LGBTI can come with additional needs connected to identity and belonging.

For people from other groups, such as people who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI), there can be other important considerations to take into account when referring to the person's gender or to significant others in the person's life.

When they are first diagnosed with dementia, some people who are gay or lesbian who may have not 'come out' during their lifetime because of past histories of fear or abuse, might fear that they will accidentally tell someone about their sexuality when their dementia progresses. This is known as fear of accidental disclosure. Other people might have a lifelong partner who needs to be respected as that person's most significant other.

People who are transsexual might fear that staff will fail to maintain their dress, grooming and communication in their preferred gender.

In all cases, it is important not to make assumptions and to be sensitive to the person's history related to gender and sexuality.

- Refer to and about the person using the gender pronouns they prefer.
- If the person does not want you to disclose their sexuality, respect this.
- Include significant others when communicating, and respect the importance of these roles.



When the person expresses distress

This can come in the form of crying, screaming or telling you that they would like to die. It can be difficult to hear these types of expressions. Let a supervisor know to ensure that the person is not in physical pain.

Listen to what the person is saying when they tell you they are distressed. Try not to reduce what they are feeling by saying things like, “Oh, it can’t be that bad.” Instead, ask the person to tell you what is concerning them, and try to reduce individual concerns one by one if possible.

Provide comfort to the person in a way that is meaningful to them. This can include sitting with the person, looking at photos and talking about happy memories.

Example Supportive communication

Jacinta helps to support Lois, who lives in an independent living unit. Lois is living with dementia and Jacinta finds communicating with her difficult at times.

Last week Lois seemed distracted and resistant when Jacinta was trying to support her. Jacinta couldn’t understand why Lois was not listening to anything she was saying to her.

Jacinta realised that Lois’ hearing-aid batteries hadn’t been checked in a while. Sure enough, when Jacinta tested the batteries, she realised they were flat. Jacinta changed the batteries and let her supervisor know.

This made Jacinta realise how important it is to create a quiet environment when she provides support to Lois.

Reflect on why clear, supportive communication is integral to providing support as a support worker.



Practice Task 6

Question 1

List three ways you can communicate with a person with dementia in a supportive and respectful way.

Question 2

Which of the following statements relate to the function of National TIS? Tick all that apply.

- A free dementia helpline funded by the Australian government
- A support group for people with dementia who identify as LGBTI
- An assistive technology used to help a person with dementia to communicate
- A free phone service that can be used by government-funded services to help communicate with the person in their language in real time

Question 3

How can you help a person to feel that you are understanding their level of distress without questioning how they are feeling?

2 B

Support engagement using verbal and nonverbal communication

A great deal of the message being communicated is passed through understanding the tone of voice, facial expression, gestures and the context of what is being said.

Nonverbal communication that does not involve words (e.g. gestures, tone of voice, body position).

Confusion can make it more difficult for the person to make sense of these **nonverbal communication**. Imagine you are sitting in your lounge room and a minute later a stranger is in your room, acting like they know you and pushing you into a bathroom. The stranger starts to take off your clothes, speak to you using words you do not understand and making requests that you can't follow. This situation would be very distressing.

You can help by using both verbal and nonverbal communication to help express the meaning of what you are saying.

Here are some examples of verbal and nonverbal communication strategies:

Verbal communication

- Introduce yourself and use the person's name.
- Use simple language.
- Use short, clear sentences.
- Ask single-step questions and make single-step requests.
- Rephrase things in another way if they do not understand you at first.

Nonverbal communication

- Smile when you are talking to convey warmth.
- Keep the tone gentle and friendly.
- Pay attention to the position of your body and how it might influence communication; for example, standing over a person and looking down at them when you speak to them can be interpreted as a threat.
- Avoid sudden movements.
- Use pictures where they might help.
- Help the person to navigate their way around by using labels and signs.

Touch, such as gently touching the person's arm to let them know you are there can help, but use touch with care. It can be frightening for some people when a stranger touches them, and can increase agitation if the person is already upset or angry.



Reality orientation

You can help to reassure a person with dementia by using **reality orientation**. Reality orientation means giving verbal or visual reminders to help the person remember who you are, where they are, and what is happening around them.

Here are some examples of reality orientation strategies that can be used by people who work with people with dementia:

Reality orientation
A communication technique that orientates the person back into our reality, such as by reminding them of where they are.

Orientate to people
Introduce yourself and anyone else who is taking part in the conversation, even if you or they have met the person before.
Orientate to time
Remind the person what time of day it is if there is somewhere or something that will be happening next. For example, "Good morning! It's almost time for breakfast!" Give the person warnings and reminders of important events that will take place that day. "You are going to see the doctor after lunch." Use blackboards, whiteboards, calendars and talking clocks to help the person see or hear the day and time.
Orientate to place
Remind the person where they are if they appear confused about where they are. This can be done in a subtle and dignified way. For example, "You are in your home, Mrs Friedman. Remember, you live here now. Here is your favourite painting on the wall!"

Technology to support reality orientation

New technologies can help older people who live in their own home or in a facility to remember things that they might find confusing.

You might be in a position to encourage family members or your service manager to purchase technology like these:

Automatic medication dispensers	This can help people who live in their own home to remember to take their medication. It also avoids them overdosing, as it only allows them to access one dose at a time.
GPS item finders	A small tag can help the person to find items like a TV remote, a wallet or house keys. You might need to remind the person to press the tag using a well-placed poster or sign.
Speaking clocks and calendars	These often come in large fonts, and can speak as well as tell the time or let the person know what they are doing today. They can also be set to give reminders to the person at a certain time.
Automatic sensors	These can turn on lights at night, to help the person find their way.

Motion-activated place and time reminders	This technology speaks a reassuring, reorientating personalised recorded message when it senses movement at a certain place or time, such as when the person gets out of bed in the middle of the night
Wired home devices	The person can ask a home unit the time, to turn on the lights, to tell them the news, or to let them know what they have put on a list.
Glow in the dark signs and labels	Glow in the dark technology has many uses for a person with dementia. It can help them find the toilet at night, for example. Glow in the dark toilet seats or a glow in the dark sign attached to the person's walker can also help.

Example

Using reality orientation

Read the following examples to gain a better understanding of applying reality orientation in the workplace.

1. Sibella has moderate dementia and attends a planned activity group every week. On good days Sibella enjoys herself and chats with the other ladies at her lunch table. On not-so-good days she becomes easily disoriented and distressed. The support workers at the day centre find that by talking in a calm gentle tone to Sibella and using short, reassuring phrases – “It’s OK Sibella. You are with friends. Lunch will be here soon” – they are able to reorientate her and help her feel less anxious.
2. Mrs Doncaster has moderate dementia and lives in a facility. Mrs Doncaster often frets about missing jewellery and clothing that she has left in her room. She will repeatedly tell staff that someone is stealing from her. The staff remind her where her jewellery and other items are. They help her to keep them in a special place in a locked cabinet in her room and encourage her to keep the key in her pocket. The key has a label that says “My special things”. The staff ask her frequently about the key, and she pats her pocket and feels that her belongings are safe.
3. Mrs Claxton has early dementia and lives in her own home with support from a community worker called Ruby. Sometimes Mrs Claxton is adamant that there is a man standing outside her window and looking in. Ruby lets her know that she has checked and that there is no one there. She reminds her that she has a neighbour who looks out for her, and that she is safe.



Practice Task 7

Question 1

Which of the following statements are correct? Select 'Yes' or 'No' for each one.

a. Reality orientation is cruel and should not be used except when absolutely necessary.	Yes / No
b. Reality orientation means we enter the person's version of reality, whatever that might be.	Yes / No
c. Technology that helps orientate people is complicated and can only be used by the support worker.	Yes / No
d. The nonverbal signals you convey in your tone and expression are just as important as the words you use.	Yes / No
e. Reality orientation should only be used when the person is being repetitive or annoying.	Yes / No

Question 2

List three examples of assistive technology that could be used to help a person feel more orientated to place, person or time.

Question 3

List three verbal communication strategies that would best support engagement with a person with dementia.

2C

Use validation strategies to provide reassurance and reduce distress and agitation

Validation means accepting and acknowledging what a person believes to be real and responding accordingly.

Validation

Accepting and acknowledging what a person believes to be real and responding accordingly.

Validation is the opposite of reality orientation. Rather than trying to bring the person back to our reality, validation requires us to enter into their reality. Sometimes it is more appropriate to use validation strategies than reality orientation, and sometimes it is not. Validation is often used to minimise a person's distress or anxiety.

Even if what the person is saying is not based on reality, they are still expressing a feeling that is real to them. For example, imagine a woman you are caring for is worried about where her husband is, even though her husband is long deceased. Validation would involve acknowledging how she is feeling, and letting her know that he is safe. You might find a way to help her feel this without reminding her that he has died. For example, you might say that it is Tuesday and that he goes shopping on Tuesday. It can be helpful to follow this up with questions about what type of husband he was, and what he did for a job.

Validation can involve telling white lies to the person, with the sole intention of reducing anxiety. You must take care when using this technique – be sure that you are using it for this purpose only, rather than to make life easier for yourself. It is also important *not* to use validation when the person believes something frightening or upsetting, such as that someone is trying to break into their house.

When using validation, the key is not to argue with them or tell them they are wrong. Try to keep the flow of the conversation going and look for opportunities for connection by asking follow-up questions such as, “I didn’t know you liked shopping! Which is your favourite type of bread?”

Here are some validation strategies that can help. Remember that different strategies will work for different people and at different times.



Concern or anxiety	Validation technique
A lady thinks her children are still infants and are lost	A doll to care for might help her anxiety. Ask her about her child, and how he is going.
A man wants to walk to the shops to get bread even though he is in a facility	Tell him that you will walk with him, and walk around the garden and back into the kitchen to pick up some bread from the catering staff.
A lady wants you to call her daughter at 3am for a non-urgent problem	Let her know that her daughter called earlier and said she was very tired, but would ring later when she wakes up. Later, at a reasonable time, call the daughter and let her mother speak to her.
A man wants to pay for his lunch every day in the facility and becomes upset if he is not allowed to pay	Provide the man with some monopoly money in his pocket before lunch, and allow him to pay the staff with this.

Practice Task 8

Question 1

Which of the following statements relate to when you might use validation? Tick all that apply.

- The person is frightened that you are trying to poison them.
- An older person with dementia tells you they have to pick their children up from school.
- The person wants to get on a bus and go to town for an appointment, and you know that they do not have an appointment.
- The person tells you they want to go and cook dinner, but they live in an aged care facility with catering.
- The person tells you they are in India.

Question 2

Suggest two ways validation therapy can benefit the person with dementia.

2D

Communicate with families and carers

The person's family and significant other often have a central role in the person's life.

They are often the last people to leave the person's memory. They can often provide the most reassurance and the most significant and meaningful level of support to the person. They can also be a great support to you in your role, when you are able to communicate with them effectively and respectfully.

Do not make assumptions about family members. You might assume that an older couple in a gay relationship are just friends, and it can be insulting to the person's partner if you and other support workers treat them with less importance than you would any other spouse.

The important role of family

Family members can be the most important source of information about the person's preferences and needs.

They can let you know information about:

- cultural and religious preferences
- their past
- what type of person they were when they were younger
- what food, hobbies and routines the person likes and dislikes.

Family members can also help you to create a memory book, or an album or digital story of the person's life. Photos, stories, and memories that trigger fond memories for the person can all be provided by the family.

Developing and reviewing individualised plans

Information about family is often documented in the person's personal profile and individual plan. These people should also be involved in developing the plan with the person.

When a person with dementia is no longer able to make decisions for themselves, the family member or significant other who takes over this role is called the substitute decision maker. Decisions that are made for the person, such as changes to their support routine on their plan, or changes to medical treatment, must include interaction with and consent from the substitute decision maker.

Supporting and reducing distress

Family members can be a great comfort when a person is experiencing distress.

Include family members and encourage them to take part whenever possible in the person's life. Many families prefer to be contacted when the person becomes distressed or upset. A familiar voice or a familiar face can often reduce fear, anxiety and distress. Ask the family when and how they would like to be contacted, and make use of this resource when they let you know to contact them.

Working positively with the family and carers

Where families and service providers work together, there is nearly always a better outcome for the person.

Families must be able to:

- talk about the person's needs in a safe, respectful and supportive environment
- work with you to put the person's best interests first
- make complaints and feel that they are being taken seriously.

Respect boundaries

Every person you support has the right to spend time with their loved ones. Give the family and friends space and time to be together, and try to recognise the times when your presence in the background is appreciated, and when it is not.

You must stay out of a family's private business unless you have concerns for the safety or well-being of the client. Stay out of conversations about finances, future plans, relationship problems and other personal discussions. Don't give advice of a personal nature, including financial or relationship advice.

If you work in a facility, it can be difficult for couples or partners to show affection or even just be together in private. It is now recognised that private space and time together is a basic human right, and you must respect this right. This is true for all people, regardless of their age or sexual orientation. Actively encourage and respect private space and time together by using Do Not Disturb signs, letting other staff and visitors know that they are not to be disturbed, or encouraging the spouse or partner to lock the door.

Recognise stress

Remind family members that it is OK to feel stress and that these feelings are common. If you are concerned that a family member who supports the person is not coping with their support role, let your supervisor know as soon as possible.



Some community supports that you might suggest:

Respite	<ul style="list-style-type: none">• Respite is a service that makes it possible for a carer to have some time away from their regular caring tasks.• Day programs can support the client out of the home for a day or longer.
Peer support	<ul style="list-style-type: none">• Support from a peer group can be useful in helping carers feel less alone and isolated. Services such as Dementia Australia can put families in touch with each other through support groups.
Information and referral	<ul style="list-style-type: none">• Sometimes families and carers do not know what services might be available to them. Dementia Australia can provide online and phone support and information to families and carers.• You can also make them aware of online supports such as Beyond Blue. Lifeline or other phone counselling services provide free 24-hour counselling services.• A GP can provide a mental health plan to allow for subsidised (funded) visits to a registered psychologist.

There are also services that can be used in cases of emergency, such as when a carer becomes suddenly ill or experiences a mental health crisis. Let your supervisor know straight away if you have concerns that the family or carer is in crisis.

Practice Task 9

Question 1

Which of the following are opportunities can you use to communicate with families and carers? Tick all that apply.

- Developing the person's individualised plan
- Reporting suspected abuse by a family member
- Recording progress notes about the person
- Contacting family members when the person becomes distressed
- Suggesting suitable support services if families are experiencing stress



Question 2

List three examples of information families and carers can provide you to better support the person with dementia.

A large, empty rounded rectangular box with a thin black border, intended for the student to write their answer to the question.



Summary

- Good communication helps the person with dementia to feel engaged and to reduce distress and anxiety.
- You must respect the person's dignity in the way you communicate.
- Communication can be verbal and nonverbal.
- Reality orientation means that we invite the person back into our reality.
- Validation therapy means that we attempt to enter the person's reality.
- You can help minimise the distress of people with dementia by using reality orientation and other strategies to remind them of the day, time, place, occasions and important relationships.
- Validating a person's current reality can help build relationships of trust, maintain a person's dignity and self-esteem, and create a sense of safety.
- Sometimes it is more reassuring and appropriate to use validation strategies rather than trying to bring a person living with dementia back to your reality.
- Family and carers are important members of the support team, and need to be included in decisions.



Learning Checkpoint 2

Use effective communication strategies

Part A

1. Match each term about communication techniques to its correct description.

Culturally sensitive communication	We ask the person to enter our reality.
Substitute decision maker	We enter the person's reality.
Reality orientation	A person legally takes over the person's choices if they cannot do so themselves.
Validation	We adjust our communication to respect their culture and language.

2. Match each of the following examples to the type of communication strategy they represent.

You tell the person the time and let them know what they are doing today.	Validation
A person tells you that someone is on the roof, and you let them know there isn't.	Validation
The person tells you that they have a pet dog in their lap, and you look down to see a pair of socks, but you pat the socks and say "Good dog!"	Reality orientation
You wait at a pretend bus-stop with the person on a seat in the garden, and they are happy because they think they are waiting for a real bus.	Reality orientation
You smile at a person who looks frightened when they see you.	Nonverbal communication
You sit down next to a person to talk to them at the same level, rather than standing over them.	Nonverbal communication



Part B

Read the case study, then answer the questions that follow.

Case study

Aitor is a support worker who provides support to people with dementia. He currently provides support to two different men, Jim and Jacques, who both have moderate dementia.

Jim has limited ability to understand words and express himself. He often becomes disorientated and fearful of his environment, and distressed by his confusion at his surroundings. Aitor can easily settle Jim by orientating him to people, place, time and task.

Jacques is frequently trapped in past memories and talks as though he still lives in a different place and time. He speaks mainly French, and seems to have lost many of the English words that he once used fluently. Aitor finds it extremely hard to relieve Jacques's distress, as when he tries to orientate him to his own reality, Jacques becomes aggressive and suspicious that Aitor is trying to hurt him.

1. Suggest two things Aitor should consider when using verbal communication with both Jacques and Jim.



- 2.** List five strategies Aitor could use to maximise Jim's and Jacques's engagement in activities.

- 3.** List three reality orientation strategies Aitor could use with Jim to reassure him and gain his cooperation when providing support.

- 4.** Provide an example of how Aitor could utilise family support to help him communicate with Jim and Jacques.



5. Suggest what Aitor could do to accept Jacques's expressions of distress without alarming him further.



Topic 3: Support the person to participate in activities according to the individualised plan

- 3A Develop an understanding of the person's likes, dislikes, strengths and interests
- 3B Encourage the person to engage in activities that facilitate independence
- 3C Access information about the person's reminiscences and routines
- 3D Balance dignity of risk with duty of care
- 3E Use assistive technologies



3A

Develop an understanding of the person's likes, dislikes, strengths and interests

Every person is unique and people with dementia have lived full lives.

They will often have unique skills, interests and memories, developed over a lifetime.

Knowing as much as possible about the person you support is a central principle of best practice in dementia support. This information can help you:

- communicate and engage with them more effectively
- structure the person's day and reduce boredom
- minimise anxiety and distress
- maintain the person's independence
- distract the person from behaviours that might be harmful or distressing
- help them to feel a sense of purpose.

Being different is what makes us interesting.

Likes and dislikes

We often have very strong feelings about what we like and dislike. When we are confronted with something we like, such as music we enjoy, the pleasure centre in our brain has a subconscious reaction that makes us feel good. This response is in the deepest part of our brains, and is often still intact even when a person has severe dementia.

Likes and dislikes

- Types of food and drink
- Different colours and textures in clothing and in their surroundings
- Different types of music
- Being well dressed and well groomed
- Being with others or being alone
- Different topics of conversation
- Sitting in the sun or sitting in front of a fire
- Guilty pleasures such as smoking, alcohol or chocolate



Strengths

Our strengths are our in-built skills that are the things that drive us. We are all born with certain strengths that might be ingrained in our personality, or we may have developed them over our lifetime. Because our strengths are often linked in the deepest parts of our brains with feelings of success and achievement, we often enjoy using these skills.

Here are some examples:

Strengths

- Being kind and nurturing, and having empathy for others
- Being able to sing and dance
- Having a good sense of humour
- Loving being the centre of attention
- Being good with numbers, such as solving maths problems
- Being good with words, such as a good conversationalist or writer
- Having curiosity and wanting to keep learning about the world
- Being creative
- Having a need for neatness, order and routine

Interests

Interests are the activities, tasks and hobbies that we are naturally drawn to.

We don't have to be good at them, but we feel good when we are doing them. Interests can often be linked to our experiences during our upbringing, to our generation, or to our culture.

Interests

- Movies and television shows
- Hobbies such as art, craft, gardening, woodwork, writing, playing cards, ballgames and other sports
- Pets, farm animals, birds or fish
- Nature and conservation



Developing an understanding

We can find out about the person in many different ways. Here are some examples:

<p>Asking them</p>	<ul style="list-style-type: none"> • Many people with dementia can still talk to you about their past interests and recollections. • Although a person living with dementia may find it difficult to answer questions such as, “Where were you born?” or “How old were you when...” you could encourage reminiscence by sharing a memory of your own. For example, you might say, “I had a dog when I was young. His name was Peanut because he was so small. Do you like dogs?”
<p>Asking the people closest to them</p>	<ul style="list-style-type: none"> • Family, friends and significant others might remember details about the person’s life that they may not easily remember themselves. • They can help you to understand the person’s preferences for daily routines and how they like things done, such as cultural practices, or their hair and grooming routines. • Make a habit of asking for interesting stories from the person’s past, such as what they did as a job, what they were good at, and details about significant events in their lives. • Encourage family to bring in photos, pictures and mementos that relate to these fond memories.
<p>Observing them</p>	<ul style="list-style-type: none"> • Watch the person taking part in or being around particular activities. Their body language can tell you about their level of interest. For example, when you are out in the garden, do they stop and smile when you point out a type of flower or tree? • Do they look impatient and uninterested? • Do they screw up their face when you help them to eat a certain type of food? • Do they stay calm for longer when a certain type of music is being played in the background? • Once you have noticed signs of likes or dislikes, make note of them so that other staff can use this information in future.
<p>Making educated guesses</p>	<ul style="list-style-type: none"> • Many older people belong to a generation where defined gender roles were more common. It might be easy to assume that a woman in her eighties may have raised children and become proficient at work in the home. She might enjoy music from the 1950s, and enjoy cooking. • A man of that age may have worked most of his life and seen his role as the main breadwinner and head of the household. He might enjoy tinkering in the garden, or taking charge of a hands-on project. • For the most part, these stereotypes might be true, and these histories, skills and self-image can be important to tap into, but there will also be much more to any person than narrow gender or age roles.

Educated guess

A guess at something that is informed by prior learning and likely to be correct.



Example

Developing an understanding

Brian is 81 years old. He has moderate dementia and lives at home, with the help of his daughter who lives close by. Elly is a personal support worker who provides support to Brian in his home.

Elly has noticed that ever since Brian's close friend and neighbour died, he has become more withdrawn than usual. He's stopped going to the weekly community sing-alongs and is no longer interested in spending time in his garden.

Elly has had some success with simulated pets in the past. She recognises that an individualised approach is needed, however, and talks to Brian's daughter about whether it might be beneficial. Brian's daughter tells Elly that she thinks it might help and she also tells Elly that Brian always loved having cats.

Elly brings a simulated cat to her next visit with Brian. She sits beside him and asks him if he would like to pat or hold the cat. Brian pats the cat gently and then holds it in his lap. "Would you look after her while I do a few things in the kitchen?" she asks Brian. Brian nods. When she comes back in the room, Elly notices that Brian is still sitting quietly with the cat in his lap. He has a gentle smile on his face and seems comforted.

Think about why it would help your capacity as a support worker to empathise with your client.

Practice Task 10

Question 1

Match each of the following activities to whether they are interests, strengths, or likes and dislikes.

Smelling Chanel perfume
Being neat and organised
Growing roses using permaculture
Cooking savoury dishes
Being good with numbers
Drinking hot tea with sugar

Interests
Interests
Strengths
Strengths
Likes and dislikes
Likes and dislikes



Question 2

Identify three ways you can find out about a person's past interests, strengths, likes and dislikes.

3B

Encourage the person to engage in activities that facilitate independence

The right activities can help a person with dementia maintain residual skills, promote self-esteem and provide opportunities for enjoyment and social connection.

Now that you have developed some understanding of the person, this knowledge can be used to design activities that are meaningful to the person.

Meaningful activities

Having an ongoing desire for a sense of purpose is a very human need.

People with dementia are no different in their need to feel that their life has value. If we simply provide generic activities that have no other purpose than to pass the time, then boredom and depression can be the result for many.

Taking a person-centred approach to activities means that the activities:

- build on the person's skills and interests, and allow them as much independence as possible
- give the person something to look forward to every day
- make them feel that they have achieved success at the end of the activity
- encourage curiosity
- challenge the person enough, but are not too difficult or frustrating.

Maintaining independence

There are many types of activities that will help a person maintain independence and exercise their physical and cognitive skills.

Encouraging people to participate in daily activities will help promote their independence. The key is to focus on what they can do, rather than what they cannot do.

There is an opportunity for involvement in every part of the person's day. Make the most of encouraging the person to make choices, exercise their brain and their body, and to find pleasure and enjoyment in having other people around them.



Activities of daily living

Activities that contribute to daily living include cleaning, shopping, preparing meals, and washing, hanging out and folding clothes.

A person with dementia can often help with parts of these tasks. Even if they live in a facility, they can often find pleasure and enjoyment from useful tasks like setting the tables, folding and putting away their clothes, or stirring ingredients for a cake or batch of scones.

Wherever possible, try to find opportunities for the person to take part in these chores.

- Do not set the person up for failure by expecting them to achieve complex tasks that involve memory or too many steps.
- Select steps that are safe for them to do.
- Encourage and praise what they have achieved, and don't point out anything that they don't do well. Instead, support them with these parts.

They are more likely to be able to focus on the parts of the tasks that:

- involve repetition, such as folding napkins
- are easy but have a visible result, such as sweeping
- do not have too many steps, such as setting the table with one type of cutlery at a time.

You can help and support the person to continue to do many things for themselves by using some simple adjustments and cues to suit the person's abilities.

Here are some examples of how you can help make these tasks easier:

Provide choice	Give the person a choice of when and how they attend to tasks such as showering and shaving. You might need to limit choices to avoid overwhelming or confusing them. For example, provide two options for an outfit they might wear for the day.
Provide sequence	The person's memory will not have work as hard if you find ways to let them see the steps that come next. For example, you might lay the person's clothes out along the bed in the order that they are usually put – starting with underwear, then outerwear, and finally socks and shoes.
Use prompts	Help the person to perform the task themselves by providing reminders of what comes next when they need help.



Use aids	There are many different assistive technologies that can help the person to attend to hygiene, mobility and mealtime tasks more independently. Use aids wherever possible to encourage the person to perform the task safely.
Use visual cues	There has been some research to suggest that simple changes to the colour of dinnerware, for example, can help the person to see and make sense of their food more easily. Red is thought to provide contrast and stimulate appetite.

Social and recreational activities

Activities for fun and enjoyment can also have the benefit of helping the person to engage with others.

Ideally they should focus on activities the person has enjoyed in the past. They should be done in familiar places and be culturally appropriate. Music, dance and movement that doesn't require structured or sequenced responses can help provide mental stimulation and exercise.

In the mild stages of dementia, activities that require cognitive skills can help keep the mind working. Activities such as crosswords, puzzles and problem-solving tasks can provide a sense of accomplishment. These same activities can be adapted to suit the person as their cognitive skills decline. For example, a person who loved board games could possibly play an adapted version of snakes and ladders.

In the advanced stages of dementia, activities that involve **sensory stimulation**, such as the strokes of a hairbrush or patting a dog, can help provide a person with a sense of connection and pleasure. Social and recreational activities can include:

- art and craft activities
- social outings
- joining in a dance
- catching a bus to the shops or for morning tea
- gentle sporting activities such as balloon handball.

Sensory stimulation
Activation of the senses, such as hearing, sight, touch and smell.

Cultural activities

Cultural participation is still important and meaningful for many people with dementia.

Once you have a good understanding of a person's cultural background, it will be easier for you to develop activities that are appropriate, meaningful and engaging for them. Here are some of examples of activities you could consider for people from different cultural backgrounds.



Singing or listening to music

Music is especially useful for communicating with people who have dementia. Traditional music and songs in languages other than English can remind them of happy times from their youth, or memories from their country of origin.

Playing traditional games

People with dementia often feel more comfortable doing familiar activities and tasks. Familiar tasks can help boost the self-esteem of people with dementia. Examples of traditional games from different countries include: bocce (Italy), mah-jong (China) and bingo (England).

Celebrating special days, events or festivals

Provide opportunities for everyone, regardless of their cultural background, to celebrate different cultures and customs. You could do this by celebrating days, events and festivals that are important to people from different cultures, such as Chinese New Year, the German Oktoberfest and St David's Day (the Welsh national day). Activities could include decorating an activity area, organising carol singing or playing appropriate music. However, it is important to bring the person's culture into their lives throughout the year, and not just at one token day a year.

Sharing news from a particular country or region

A person with dementia may like to read about their country of origin in their first language. You may be able to obtain podcasts, audiobooks, newspapers or magazines.

Sharing food or drinks that are traditional parts of a certain culture

Eating food from one's own culture can help bring back memories. Arrange for traditional food to be available on a regular basis and not just for special occasions. Give everyone the opportunity to share and try different foods but remember to respect people's preferences; not everyone will want to try a new food.

Video: Wattle's innovative program for people living with dementia

Watch the following video: aspirelr.link/wattles-dementia

Pay attention to the various activities the residents are involved in which enable them to maintain independence and promote self-esteem.



The right environment

Consider the person's individual preferences when selecting an environment for recreational activities.

If loud noises or crowds upset them, consider activities that take place in a smaller space with fewer distractions.

Keep only the items the person needs close by, so that they do not become confused.



When the person is taking part in activities that require them to look closely at items, such as craftwork, consider using a plain contrasting colour background, such as a white tablecloth or butcher's paper on the table.

Remember that the person does not have to be actively participating to be getting something beneficial from an activity. A person with dementia who sits and listens and smiles at others talking in a group is showing passive participation. This is still a way to participate and should be encouraged.

Example

Supporting the person

Read the following example to gain a deep insight into supporting clients with critical needs.

Gayle has dementia and lives in a facility. She was always a good cook, and when it gets close to dinnertime, she often tells the staff that she needs to get to the kitchen to cook the evening meal. The staff try to tell her that she doesn't need to do this, but she often becomes confused about where she is and insists that there is no one else in the house who can cook. Her distress about this can continue for an hour or more.

In the evenings, the workers now ask Gayle to help prepare her own food and to prepare the dining room for dinner. These relate to her cooking skills and help to make her feel valued.

Here are the steps that they support her to follow.

- They help her first to wash and sanitise her hands.
- Gail is given the butter, a blunt knife and her bread roll. She butters the bread roll and places it on her side plate.
- Gail helps to pour water into the other resident's glasses using a specially designed tip jug that does not spill.
- With help, she folds the serviettes and places them on the tables.
- The staff remind her to place the salt and pepper containers on each table.
- She places a fork on each setting, and finally a knife.



Practice Task 11

Question 1

Which of the following activities might create a sense of self-worth in a person with dementia? Tick all that apply.

- Watching television
- Watering the vegetable garden
- Wandering the halls and looking at other residents through their doors
- Folding their own clothes
- Sitting and waiting for visitors to arrive

Question 2

Briefly outline why it is important that you have considered the environment and the person's surroundings when helping them participate in an activity.

3C

Access information about the person's reminiscences and routines

Reminiscence therapy is an important way to help the person feel connected to the world.

When a person develops dementia, it is often the short-term memory that is lost first. This can make the person feel more comfortable when they are supported to tap into memories from their past. Not all memories are pleasant. It is necessary first to find out what the person enjoyed about their past, and then find ways to be present with the person in memories that bring good feelings to mind.

Routines

The Aged Care Quality Standards require us to find out and make use of the person's past routines, and to incorporate them into the person's life.

We often take for granted what is important to us. However, for a person with dementia, understanding and knowing how to support them to continue with important practices and routines can make a difference to the person's sense of confidence and belonging.

When a person entered aged care in the past, their previous routines were often not considered as important as the needs and schedules of staff. The person needed to fit into the daily support and activities of the staff rosters. If they were used to dressing immaculately every day, they might have to stop this for the sake of making life easier for staff, and wear tracksuits instead.

This is no longer acceptable. Here are some examples of routines.

- Pietro has always had a glass of sherry after his dinner, for as long as he can remember.
- Luisa worked in a high-fashion store and has never been seen without makeup and lipstick.
- Andrew was a farmer who always showered at night, to remove the dirt of the day. He feels unclean if he goes to bed without his evening shower.
- Georgiana is terrified that staff will let her whiskers on her chin grow out once she is no longer able to let them know that they need to be plucked every day.
- Harper is a transgender woman who is frightened that staff will forget her gender identity once she is no longer able to speak for herself, and that they will dress her and talk to her like a man.

Aged Care Quality Standards
A list of rules that must be met by the aged care industry.



- Nickos has been involved with vintage racing cars his whole life, and wants to continue to go to car meets once a month.

In all of these examples, the person’s preferences and routines should be recorded and followed wherever possible. These routines need to be encouraged and maintained, because they are part of the person’s identity.

Reminiscence activities

Reminiscence
The act of reliving pleasant memories.

Person-centred **reminiscence** can be used at any time and is best when it is incorporated into the person’s regular routine.

Reminiscence is also an excellent way to help to distract the person from stressful behaviours, unsafe situations or anxiety.

Here are examples of reminiscence activities:

<p>Music</p>	<ul style="list-style-type: none"> • Music can be included in the person’s life in many different ways. They might enjoy watching and listening to old-time dancers like Fred Astaire and Ginger Rogers swirling around a ballroom to the sound of a 1930s band. • Technology such as headsets, digital playlists, or USBs containing the person’s music can be used to create an individual playlist of songs. Or the person can be supported to use more familiar methods of playing music, such as records or cassette tapes. • If the person played or enjoyed an instrument, playing simple tunes on the piano or guitar, for example, can help the person to maintain that skill for longer. There are also some excellent apps for tablets or phones that enable to person to press a ‘piano key’ and hear the sounds that they create replicated. • Old-time music and dancing can be included in activities, and even performed using virtual technology.
<p>Photos and images</p>	<ul style="list-style-type: none"> • Photos, home video and images of the person’s life can trigger memories and create opportunities for discussion. • Photos can be included in frames on the wall or surfaces of the person’s room, worn in a locket, necklace or bracelet, or shown in digital form on a TV or digital picture frame. • They can be turned into books and videos with the help of family, who might supply text and details of the events and people in the photos. • New technology allows photos to be printed onto blankets, cushions, walls and other items. • Movies and clips can transport the person back to another time or place, including armchair travel.



<p>Texture</p>	<ul style="list-style-type: none"> • Certain items can bring back soothing memories that help the person feel safe. For example, the feel of a piece of satin might trigger pleasant feelings in a person who once loved to sew. • The crunch of dried leaves, a container full of uncooked rice or the grain on a piece of wood can provide interesting textures for the person to touch.
<p>Smells</p>	<ul style="list-style-type: none"> • Our sense of smell can evoke powerful memories from the past. • Smells that the person loves and that remind them of the past could include certain perfumes or fragrances, talcum powder, cut flowers, fresh leaves or cooking smells.
<p>Symbols</p>	<ul style="list-style-type: none"> • Sometimes a small thing that represents something larger can be a good way to start conversations about memories. For example, for a person who grew up on a farm, a plastic toy farmyard or a piece of leather from a horse's reins might be enough to help you and the person feel engaged in their past. If the person loved cats or dogs, a toy dog or a cat's collar might be useful.
<p>Activities</p>	<ul style="list-style-type: none"> • Reminiscence activities use elements of the person's past interests or hobbies to help provoke memories. • For example, a person who was once a seamstress might use a modified needle and thread and produce small patchwork pieces that can then be stitched together. • Someone who was once handy with tools but no longer able to create might enjoy a toolbox full of nuts and bolts, which can be placed into corresponding holes in a sheet of MDF to create patterns. • A person who is very confused might still remember how to stir flour and water in a bowl and produce dough, which can then be kneaded and/or turned into scones.
<p>A memory box</p>	<ul style="list-style-type: none"> • A memory box can be filled with any or all of the above components that remind the person about their past. It can be any box at all. It is given to the person to reduce boredom or distract them from anxiety, and filled with items such as leaves, feathers, buttons, fabrics sprayed with perfume, miniature items that represent part of the person's life, photos or objects. The items can be changed around if the person loses interest in what is inside. The idea is to help the person explore what is inside using all of their senses, and triggering fond memories.
<p>Fiddle blankets and aprons</p>	<ul style="list-style-type: none"> • A personalised apron or blanket can help the person to focus and reduce restlessness and agitation. It can include images, designs, zips, buttons, different fabrics and textures, and pockets in which the person can keep their favourite items.



Example

Stimulating reminiscence

Gary is a 78-year-old man with Alzheimer's disease who lives in an aged care facility. He becomes easily distressed and disorientated and constantly asks after his wife, Edna, who passed away 20 years ago. He finds structured activities challenging because he is easily overwhelmed by his environment. This means Gary is missing out on experiencing meaningful social connections and interactions.

Darren, a support worker, has asked Gary's children to help him create a life journey book, using photos and stories from his past. Darren and the other workers sit with Gary often, and go through the pages of the book with him. They ask questions about Edna, and admire the photos of when Gary and Edna were young. The photos often trigger Gary to tell stories about the fun times when they both loved roller-skating and horse-riding. Talking about these memories have been the most engaged Gary has been for many months.

How might you stimulate reminiscence in your own role? What questions might you ask one of the clients you support?



Practice Task 12

Question 1

Wendy has always enjoyed knitting, but she is no longer able to manipulate the needles and wool. List two examples of how you could incorporate this hobby into a reminiscence activity.

Question 2

Match each person on the left to the reminiscence activity best suited to them.

Dianne has always loved Elvis Presley.	Breakfast at a beach café that overlooks a spot where racehorses are trained every morning.
Palo misses his family who live overseas.	A series of postcards with images of the Sistine Chapel in Rome
Joe was once a veterinarian and specialised in caring for large animals.	A photo album containing family photos
Leanora once studied Renaissance art.	A simple personal digital music and video player containing favourite songs and music clips

3D

Balance dignity of risk with duty of care

Duty of care

A moral or legal obligation to ensure the safety and wellbeing of other persons.

Duty of care is a legal requirement that includes taking all reasonable steps to keep a person safe.

Dignity of risk

A person's right to dignity and choice, upheld in legislation and service standards, to ensure that duty of care or safety is not used as a reason to limit a person's freedom of personal choice.

When providing support for a person with dementia, you need to find a balance between ensuring the person's safety and comfort, and respecting their right to be autonomous and take risks.

In the past, staff in aged care were very much focused on safety at all costs. To avoid injuries and liabilities, it was considered more important to completely prevent people from wandering, falling and otherwise injuring themselves than anything else. However, to achieve this level of protection against injury, the older person's freedom, choice and independence needed to be significantly reduced or taken away. Restraints, limits and rules were common.

Dignity of risk

Dignity of risk acknowledges that life comes with risk, and that we must support people to continue having choices and freedoms that sometimes come with risk.

Any person, including a person living with dementia, has the right to make their own choices and to take risks, as long as they are able to understand the consequences of their decisions, and as long as those choices do not put others at risk.

For example, a person in aged care might wish to:

- drink alcohol or smoke, even though their doctor has warned them that it is bad for their health
- wander freely, even if they might fall
- refuse to take medications or other treatments or support
- meet their sexual needs or have sex with any consenting person in private
- to eat only their dessert and not their dinner, even if they are overweight
- be alone, or refuse visitors.

Some people with dementia may not have the ability to understand or remember risks, and this is where we might need to consider our responsibility to keep the person safe against their right to make choices.

If the person has had explained to them the consequences of these decisions, and understands the consequences of these decisions, and if the choice does not have the potential to cause harm to anyone else, then we must allow them to make that choice, even if we don't agree or approve.

If a person in the early stages of dementia wants to smoke against their doctor's advice, and they understand what the doctor has said might happen if they smoke, the person has the right to make that choice.



However, if a person refuses to be transferred in a hoist because they prefer to be carried by staff, this could cause injury to others and they do not have the right to make that choice.

People with dementia can sometimes still take measured risks, even when they don't fully understand the consequences. For example:

- We must accept a certain level of risk of falling, to balance the person's freedom to wander. We must still make every effort to reduce the risk of harm, such as with hip protectors and supervision.
- The person has the right to refuse to eat or drink, as long as we have made efforts to provide them with foods they enjoy.
- If the person has been a smoker all their life, we must accept that they made the choice to smoke at a time when they did understand that risk.

A decision to allow a person with dementia to make a choice that involves risk must be weighed up carefully by senior staff in your facility.

Here are the factors that are often considered in the decision:

<p>The level of risk</p>	<ul style="list-style-type: none"> • For example, a person doesn't want to have a shower for two days in a row. The risk that the person might develop an infection is a minor and low risk. • The person should be allowed to make this decision.
<p>Whether the person understood the risk before they developed dementia</p>	<ul style="list-style-type: none"> • In many cases, the person's substitute decision maker can help make a decision or choice for the person, based on what they think that person already knew or would have preferred. • For example, they might agree that a person who refuses their medications would have understood and made that same choice before they developed dementia.
<p>Whether other people could be harmed</p>	<ul style="list-style-type: none"> • For example, if a person wants to drink alcohol, but becomes aggressive after drinking, this could pose a risk to other residents. • There will need to be limits placed on this choice.

Reduce risks

Every choice comes with a risk, and actions need to be taken to reduce the likelihood and impact of harm.

Remember that it is your duty of care to take whatever measures you can to keep the person safe while they are practising their free will and making choices. For example, if a person who is shaky on their feet refuses to have help with walking, you can suggest that you stay close by instead, and remove obstacles in their path.



To reduce risks, you can:

- supervise the person
- report problems as soon as you see them
- make sure an area is safe before you leave
- remind them about the risk in doing the task.

Common risks in the community

A person with dementia will encounter increasing levels of risk as time passes and their condition progresses. Here are some common risks that people with dementia encounter in the community:

Finding their own way
A person who is in the early stages of dementia may have trouble finding their way in unfamiliar places. As the condition progresses, they may become lost in familiar environments. The person may wander away or go looking for a person or place that is familiar to them. People who are likely to wander away from home need to have personal information and emergency contact numbers in their pockets, on bracelets or in their wallet or purse.
Staying safe in traffic
People with dementia can become confused in situations where there is a lot of noise and fast-moving objects – such as a busy road. They may find it difficult to judge the speed and direction of a car. You may need to ensure that the person you are supporting is supervised near busy roads.
Wandering or roaming
People with support needs tend to wander, especially if they are agitated, confused or upset. This may happen at a certain time of day, such as the late afternoon, or when they get stressed. If a person tends to wander at a specific time of day, or in a specific situation, calm and focused activities, such as reminiscence activities, can help manage this risk.
Recognising dangers
Some situations, such as a fire on the stove, require a rapid response. People with dementia may not be able to identify a dangerous situation or how to respond.



Risks in the home

A person with dementia who is living in their own home may encounter a range of risks, as described below.

<p>Food safety</p>	<ul style="list-style-type: none"> • People may forget how to safely store and prepare food and drinks. They may leave items out of the fridge for long periods, or keep items well beyond their use-by dates. They may eat food that is uncooked, or prepared in an unsafe manner. They may forget to eat or drink. • You may need to check that a person with dementia is storing their food safely and that they have access to and are eating regular healthy meals.
<p>Water temperature</p>	<ul style="list-style-type: none"> • People with dementia may not be able to judge water temperature, or they may forget that they need to check it. They may enter a shower or bath when the water is too hot, and get burnt. Or, they may enter when the water is very cold, and become sick. • These risks can be minimised by ensuring that people are supervised when using hot water. It can also help to have temperature-limited hot water in homes and aged care facilities to reduce the risk of burns and scalding.
<p>Personal and home security</p>	<ul style="list-style-type: none"> • Memory and judgment play an important part in personal and home security. A person with dementia may find it difficult to judge who is a 'safe' person and who is not. • Some techniques for ensuring that people with dementia are safe in their own homes include: using signs to remind them to lock doors and windows, and installing self-locking doors that can be opened from the inside.
<p>Appliance safety</p>	<ul style="list-style-type: none"> • Household appliances such as toasters, ovens, hotplates and kettles can cause fire and injuries if they are not used in the correct way. • Strategies for managing risks associated with household appliances include having appliances with a cut-off switch or alarm, and placing signage around a person's house to remind them how to use equipment. Families can help manage this risk by turning off gas or electric stoves, or using locks to limit their use. A list of emergency phone numbers by the person's phone or pre-programming numbers into their mobile phone can help.

Visit the following link to learn about The Dementia-Friendly Home app, which can be used to help support workers make their homes more accessible to people living with dementia: aspirelr.link/dementia-friendly-app

Example

Managing dignity of risk

Paul is an 89-year-old man with dementia. His dementia has been deteriorating and he spends a lot of his time walking around the facility and talking to staff. Paul has become at greater risk of falling. He stumbles occasionally as he walks, and often forgets to walk with his frame.

Paul wants the freedom to walk. He has always been active and doesn't like to sit still. The staff are concerned about his safety. These two factors need to be carefully balanced against each other.

A meeting is called with Paul, his son, the care manager and a support worker. They discuss some options for Paul's safety that could help him to maintain his freedom to walk wherever he would like.

- The physiotherapist will be asked to assess Paul's walking frame and determine whether it still suits his needs.
- An alarm mat will be placed next to Paul's bed and chair. When the alarm goes off, the staff will know to go to him quickly and remind him to use his walker, and then supervise him where possible.
- Paul will wear hip protectors to prevent serious injury if he does fall.

Consider why somebody you support would want to maintain their dignity of risk. What strategies could you implement to ensure this?



Practice Task 13

Question 1

List three ways you can assist a person to maintain dignity of risk while maintaining your duty of care.

Question 2

Which of the following statements relate to duty of care and dignity of risk? Tick all that apply.

- The person's safety is more important than their freedom or comfort.
- A person with dementia can make whatever choice they like, without exception.
- A person with diabetes can eat sugar against the doctor's orders if they understand the consequences.
- Dignity of risk means that the person must be protected from harm at all cost.
- If a person would like to sit in their room and eat their dinner away from others, that is usually their own choice, and we must support that choice.

3 E Use assistive technologies

Assistive technology is technology that allows a person to undertake a task they were previously unable to do, or makes a task easier.

We all use a range of technologies in our everyday lives, such as mobile phones to communicate, video games for entertainment, and digital apps to schedule meetings and events. Technology can also be used by people with dementia to make their everyday life easier. **Assistive technology** can help reduce the risks of accidents in the home and support the independence of a person living with dementia. They can also be used to help a person with dementia participate in activities and stay in their own home for longer. Assistive technology can also benefit the people who provide support to people living with dementia.

Assistive technology

Technology that enables a person to maintain or improve their capability of performing a task.

Accessing aids and technologies

There are specialists and services that can also help provide professional help and advice in accessing aids and equipment.

These include:

- occupational therapists, who can help the person choose the right technology
- assistive technology advisors available through the NDIS or My Aged Care
- Independent Living Centres throughout Australia, where the person can trial the aids
- private medical supplies and equipment suppliers in stores or online
- services like Dementia Australia or Arthritis Australia, who can give advice and sell equipment and technology.

Some aids are simple and inexpensive, while others are complex and costly. Funding for assistive technologies and home modifications can be available through NDIS or through state or territory funding programs. However, not all people qualify for funding, and not all types of technology are covered by these programs.

Identify assistive technology

There are many exciting technologies being developed to help people with dementia to be independent.

These technologies can help to trigger memory, to keep them safer and to help them to be engaged and fulfilled. Technologies that help the person to reminisce, or to be



occupied and entertained help take some pressure from support workers in the person's home and can reduce the emotional stress of the person's confusion and distress.

Assistive technology can be used to help people feel included and connected to others.

<p>Inclusion and participation</p>	<ul style="list-style-type: none"> • Talking photo albums allow people to record voice messages about photos held in a flip-style album. • Landline phones and mobile phones can be adapted to make it easier for people to make calls using, for example, large buttons or buttons with photos on them. • Digital picture frames and photos on USB can aid reminiscence activities. • Music streaming and movie streaming apps let the support worker create a playlist that suits the person's own reminiscences. • Apps can help users to create a book about the person's life. • Portable light box can be used for reminiscence. • Sensory blankets, cushions and aprons can be calming. • Photo transfer technology such as a blanket printed with family faces can offer familiarity.
<p>Prompts and reminders</p>	<ul style="list-style-type: none"> • Memory jogger technology uses audio messages to remind people what they need to do at specific times of the day (e.g. "It's 4 o'clock, time to take your pill"). • Item finders can help people locate important items such as keys, glasses and wallets; a small device is attached to the item and the person can use a hand-held remote to help locate the item.
<p>Sensory stimulation</p>	<ul style="list-style-type: none"> • Simulated and robotic pets can move and make sounds (e.g. purring, barking) and provide comfort to people with dementia who have difficulties with communication, or those who are agitated or socially isolated. • Brain games and puzzles, online or in apps can help keep the mind active; for example, virtual reality games, such as Wii, or dementia-specific virtual reality worlds such as The Enchanted Forest. • Drawing and colouring apps can be calming. • Programs such as Skype and social media increase contact with others .

Inclusion and participation
The act of taking a meaningful part in social activities and interactions with other people.

Types of assistive technology

Every year more technology is developed with the potential to assist people with dementia and those who support them.

Currently, there is a range of assistive technologies available that can help people with dementia to maintain independence, communicate and participate in self-care or personal care. Aids and technology that help the person to care for themselves can help the person to be independent for longer. They also provide the person with a sense of self-determination or control over their own personal care needs.

People with dementia can have difficulty with their fine motor skills and their ability to sense their position in space. This is called proprioception



Here are some examples:

Help to perform everyday tasks independently	<ul style="list-style-type: none">• Long-handled reachers can help the person to pick up items from the floor without bending.• Toilet reachers can help the person wipe themselves after using the toilet, even if they can't reach themselves. The paper is loaded onto the holder, and the long curved handle allows the person to wipe and release the paper into the toilet.• Adapted handles on cutlery, hairbrushes, taps and other household appliances can help the person to hold items or turn knobs that would be difficult otherwise.• Kettle tippers can tip the kettle without picking it up.• Adaptive clothing includes shoes with Velcro rather than laces.• Plate guards and sipper cups can reduce spills.
Home safety	<ul style="list-style-type: none">• Automatic devices can be used to shut off power or gas.• Fall sensors linked to telecare services can register and raise an alarm when a person falls over.• Sensor lights turn on lights automatically.• Personal alert systems that the person can wear to call for help mean they are always accessible.• Monitoring systems can be run through call centres.• Home cameras can be set up so they are monitored by a relative in another place.• Stove-top locks stop the person using the stove if they have dementia.• Car battery immobilisers prevent a person with dementia using the car.• Vinyl door murals can be used to disguise exits.• Hip protectors add cushioning in case of falls.



<p>Help to use computers, phones and electrical equipment</p>	<p>Adaptable switches and buttons</p> <ul style="list-style-type: none"> • Mobile phones can be purchased with large buttons that can be seen and handled easily. <p>Remote and voice controls</p> <ul style="list-style-type: none"> • Many electrical items can be controlled by remote, including hand-held or voice-controlled remote devices. Examples include televisions and radios, robot vacuums, light switches and power switches. <p>Timers</p> <ul style="list-style-type: none"> • Timers can be used to control equipment that is turned on or off at the same time each day, such as lights and televisions. <p>Voice activated digital technology</p> <ul style="list-style-type: none"> • Nearly all digital devices can be used and controlled by voice commands and speech interaction. • Home digital hubs can be voice-activated to turn on devices, create a shopping list, phone or text people, read the news or set a reminder. • Mobile phones and tablets have voice applications that help navigate and use the device, as well as read books, play audio and read lists and reminders.
---	--

Aids and technology to support communication

Communication technology can help you and others to communicate better with the person, with better outcomes and less frustration for both. Communication difficulties can be the result of:

- trouble understanding the spoken or written word
- hearing impairments, where the person can have trouble hearing and understanding speech, radio or television or cinema audio
- language differences.

<p>Communication technologies to help the person's confusion</p>	<ul style="list-style-type: none"> • Compic, a universal 'language' of simple pictures that can be used in signs, labels, community request cards and many other formats • Glow in the dark stickers, labelling machines, and other types of signage
<p>Communication technologies for people with hearing impairments</p>	<ul style="list-style-type: none"> • Hearing aids • Teletext phones • Hearing loops • Subtitles on television • Vibrating smoke alarms for people with hearing impairments.



<p>Communication technologies for people with language differences</p>	<ul style="list-style-type: none"> • Translation apps on phone or tablet. They can translate and speak single words or entire sentences between two languages.
---	---

Aids and technology to help with support

Technology that can help with transferring and mobilising the person can greatly reduce injury not just to the person, but to their carers and support workers.

Helping the person to move and transfer between chairs, beds, wheelchairs and cars is one of the highest risk tasks for support workers and carers. Technology to make this task safer and easier can help the carer to continue to support the person in their own home for longer, and can reduce the risk of injury to the person, support workers and carers. Technologies such as monitoring systems can help the support worker feel able to leave the home for even a short time.

<p>Technology to help the support worker and the client with transfers and mobility</p>	<ul style="list-style-type: none"> • Manual handling equipment such as ceiling hoists, mobile hoists or standing machines • Four-wheel walkers and other walking aids • Adjustable beds and chairs, including chairs that can help the person into a standing position • Electric wheelchairs or scooters with power drive controllers • Shower chairs • Slide boards and swivel boards • Mayfield belts • Home modifications such ramps and rails
<p>Technology to reduce pressure injuries</p>	<ul style="list-style-type: none"> • Gel, eggshell foam and sheepskin cushions and rugs • Electronic mattress overlays that send waves of air or movement through the mattress • Timers and alarms to alert support worker to perform pressure care • Pressure relieving electric beds and chairs
<p>Technology to support continence and hygiene</p>	<ul style="list-style-type: none"> • Continence aids including pads and pants • Condom drainage systems • Toilet-seat raisers • Moisture-detection sensors that can be used with continence aids to alert the carer when the person becomes wet • Machines that exercise the pelvic floor muscles to help bladder control
<p>Technology to help and support the support worker</p>	<ul style="list-style-type: none"> • The Dementia Friendly Home app, to help the carer design a safe environment



<p>Online communities and social media platforms to meet other support workers and find information</p>	<ul style="list-style-type: none"> • Apps to help the support worker to remember to administer and keep track of medications • Sensors that alert the support worker to movement and other conditions • A temperature plug that changes colour to bright pink if the water is too hot • Gas shut-off devices that detect gas, shut off the supply and raises an alarm • Fall detectors worn on the person’s wrists sense the person falling • Movement sensors that alert the support worker if the person is standing or walking, so that they can assist • Pressure mat sensors by the bed or door that activate an alarm when a person stands on the mat • GPS trackers to help find a person who has wandered away
---	--

Assistive technology

Here are some examples of how assistive technology can help a person with dementia go about their daily activities, remain independent and stay connected to people and communities:

<p>Maintaining and promoting independence</p>	<ul style="list-style-type: none"> • Ricardo has mild dementia and lives at home. With the help of a support worker and his son, Ricardo wants to stay living in his own home for as long as possible. • Ricardo needs to take various medications every day. He uses an automatic pill dispenser to remind him to take his medication. The dispenser sets off an alarm and unlocks a compartment when it is time to take his medication.
<p>Enabling inclusion and participation</p>	<ul style="list-style-type: none"> • Greta has moderate dementia and lives in residential aged care. Greta has a large family who visit her regularly. Greta sometimes struggles to make conversation with her family, especially her young grandchildren, even though she loves having them around. • For Christmas, Greta’s family gave her a digital photo frame, which she uses to engage with the younger members of the family.

You can play an important role in supporting support workers and family members by helping them to use assistive technologies.

Some people, including older people, might have a fear of new technologies simply because they are unfamiliar. If you can help them to become more familiar with technology such as smart home systems, digital devices to help with reminiscence and communication, apps and programs such as social media, you can often open up a new world for the person.



Here are some factors that should be considered:

Cost	Technology can be expensive. However, to save costs it may be possible to rent a device or purchase it second-hand.
Accessibility	Technology is constantly being updated and adapted. You may not be able to access all the latest technology.
Appropriateness	The technology needs to be appropriate for the person it is intended for. A robotic dog, for example, would not be appropriate for a person who is afraid of dogs. A person with arthritis may not be able to use a computer mouse.
Ease of use	Some technology is easier to use than others. You may need to try out a range of different types of technology to find what works best for an individual.

Sources: www.dementia.org.au/sites/default/files/helpsheets/Helpsheet-Environment02_SupportiveAids_english.pdf; <https://www.alzheimers.org.uk/get-support/staying-independent/advice-on-using-technology>

Read about using smart technology with people with dementia and view videos demonstrating their application: aspirelr.link/dementia-smart-technology

Support the use of assistive technology

Assistive technology can offer people with dementia access to information and entertainment. Technology can be used to enhance (rather than replace) human connections and relationships.

Here are some of the ways you can help support a person with dementia to use assistive technology:

Make sure everything is set up properly and is ready to go	<ul style="list-style-type: none"> • Ensure you have a reliable internet connection – slow or unstable connections can cause frustration. • Minimise ‘clutter’ on screens (e.g. icons on the home screen). • Consider putting sticky labels on the keyboard (e.g. ‘space’ on the space bar) or covering up parts of the keyboard that won’t be needed.
Take a person-centred approach	<ul style="list-style-type: none"> • Focus on what the person can do, rather than their limitations. • Pay attention to the individual’s preferences and abilities – some people can touch type, for example, whereas others may have never used a keyboard. • Talk out loud about what you’re doing – it helps people feel involved.



<p>Consider physical needs, environment and language</p>	<ul style="list-style-type: none"> • Make sure lighting is adequate and try to avoid screen glare, which can affect visibility and legibility. • Make sure the text is large enough with strong colour contrast. • Don't use jargon – even relatively common technology terms (e.g. cursor, VDU) may be confusing to a person who is not familiar with the technology.
<p>Focus on the activity, not the technology</p>	<ul style="list-style-type: none"> • Start a session by appealing to a person's hobbies or interests, rather than offering to show them how to use a piece of technology. • Try to keep in mind that the technology is a tool that allows a person to pursue something that interests them.
<p>Be patient</p>	<ul style="list-style-type: none"> • Remember the principles of person-centred support – the preferences of the individual are the most important factor – some people won't want to use assistive technologies. • Remember that technology is only one way of engaging people, and people's interests in it might change over time. • Start with a simple activity, such as finding music a person likes on YouTube, or using a digital camera to take photos of the garden.

Source: www.scie.org.uk/dementia/support/technology/introducing

Example

Determining assistive technology needs

Deepal is a home and community support worker who visits a client called John who has dementia. John's wife Val cares for him and he is becoming increasingly dependent on her for his needs. Val is much smaller than John and she is finding it more and more difficult to provide personal care.

Deepal researches some assistive technology on the Dementia Australia website. He finds out that there may be some state funding available to help Val to access equipment such as a multi-lift chair and a bed with controls that helps John to sit up.

He also suggests an alarm mat to let Val know when John has stood up from his chair. This makes a huge difference to Val. She feels able to leave the room without worrying that her husband will start wandering alone and injure himself.



Deepal knows that John is often restless and agitated. He suggests to Val that he could help her to download some of his favourite movies, photos and music onto a USB, which she could plug into the living room television. Val did not know that such a thing existed, but she helps Deepal by suggesting downloads. John loves the technology, and Val feels able to take a break from caring while John is entertained.

Think about the type of research you would undertake to learn more about assistive technologies. Are there any technologies you think may assist those you support?

Practice Task 14

Question 1

Match each of the following types of assistive technology to its main purpose.

Translation apps on a phone or tablet
Standing machines
Motion-activated place and time reminders
Signs and labels
Alarm mats
Compic images

Mobility
Mobility
Communication
Communication
Memory aid
Memory aid

Question 2

Match each type of assistive technology to the need it can provide support for.

Plate guards and sipper cups
Electronic air mattresses
Moisture detection sensors
Vibrating smoke alarm
Adaptive aids

Continence and hygiene
Hearing impairment
Pressure support
Eating and drinking
Daily living activities



Question 3

Which of the following statements are correct? Select ‘Yes’ or ‘No’ for each one.

a. An automatic pill dispenser can be used to help a person maintain their independence.	Yes / No
b. Talking photo albums can help a person with dementia feel included and connected with loved ones.	Yes / No
c. Education and employment can be supported through the use of virtual reality, social media and video conferencing tools such as Skype.	Yes / No
d. Assistive technologies are for the person living with dementia, not their support workers.	Yes / No
e. Sensors, alert systems and home cameras can be used to maintain a person’s safety and ease their support worker’s worry.	Yes / No

Question 4

Provide three examples of technologies or devices suitable for sensory stimulation.



Summary

- Taking part in meaningful activities can help people with dementia to maintain their skills and help them stay independent for as long as possible.
- Activities must maintain dignity, and allow for the person's own likes, dislikes, strengths and interests.
- Ideal activities have repetition and involve simple steps.
- Draw on the person's past routines and interests when designing activities.
- Reminiscence can help the person feel secure and engaged.
- Duty of care must be balanced with the person's right to freedom and choice. This is called dignity of risk.
- There is a range of assistive technologies that can help with activities and engagement.



Learning Checkpoint 3

Support the person to participate in activities according to the individualised plan

Part A

1. Which of the following statements are correct? Select 'Yes' or 'No' for each one.

a. People with dementia can make any choice they wish, even if it might cause harm or upset to other people.	Yes / No
b. Routines must be developed around the rosters and timetables of the facility staff.	Yes / No
c. Strengths are our in-built skills and the things that drive us.	Yes / No
d. Putting buttons in a jar and then tipping them out and starting again is a good activity for people with dementia to help build self-esteem and personal value.	Yes / No
e. Reminiscence activities such as looking at photos can help the person to communicate and engage with others.	Yes / No

2. Match each assistive technology to its correct description.

Immersive virtual reality programs	Allow the person to see their food more easily.
USBs and digital technology	Help a person find the bathroom more easily at night.
Red plates	Can hold photos, music and movies that the person most enjoys.
Glow in the dark toilet signs	Can provide intellectual and sensory stimulation.



Part B

Read the case study, then answer the questions that follow.

Case study

Elizabeth is a carer for her husband, George, who has frontotemporal dementia (FTD). George was once a mechanic and he is interested in old cars, playing bowls, and his dog Fred.

Lately George has needed more and more help to the point where Elizabeth feels like she has no time for anything else. George can be quite abusive towards Elizabeth. Sometimes she can still have a short conversation with him but at other times he doesn't remember who she is.

George has recently started to need more physical help with showering and dressing. Elizabeth is able to discuss the need for increased support with George and he agrees to let her arrange for some help. Now Niles, a support worker, comes and helps George shower three days a week. Niles is also eager to support Elizabeth and helps set up activities to allow George to remain independent and socially engaged.

1. Give three examples of personal care activities that George could still be involved in to help him remain as independent as possible.

2. How could Niles find out more about George's past routines and interests to help him develop appropriate activities for reminiscence?



- 3.** Give three examples of reminiscence activities that Niles and Elizabeth could use to minimise boredom for George. Be as specific as you can with ideas that meet George’s interests and preferences.

- 4.** Outline what changes Niles could make to the environment to help prevent George from becoming distracted and stressed by his surroundings during these activities.

- 5.** Outline two potential risks or dangers to Niles, due to George’s dementia.



6. For each of the following, give an example of an assistive technology that could help Elizabeth to support George.

- Technologies that could help him be more independent with self-care

- Technologies that could help him eat and drink more independently

- Technologies that could help Elizabeth to transfer him between bed and chair safely

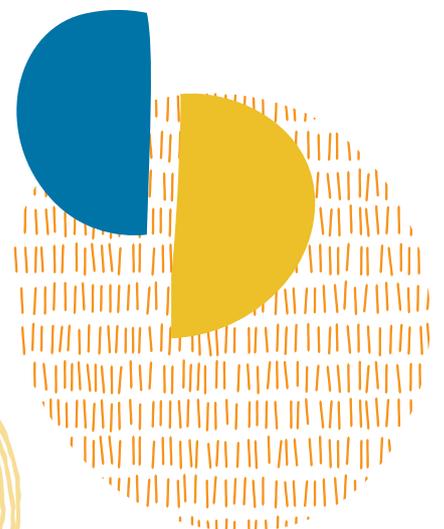
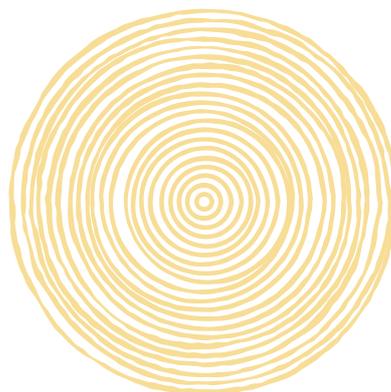
- Technologies that could help Elizabeth to manage George's incontinence

- Technologies that can reduce the chance of George developing pressure injuries



Topic 4: Use a strengths-based approach to meet the person's needs

- 4A Gain awareness of identified behaviour, potential triggers, unmet needs and stressors
- 4B Identify strategies to reduce stressors and meet the person's needs
- 4C Use identified strategies to reduce negative outcomes of behaviours



4A

Gain awareness of identified behaviour, potential triggers, unmet needs and stressors

Behavioural and psychological symptoms of dementia (BPSD)

Symptoms that are the result of dementia and can lead to harm or distress to the affected person or to others.

Behaviour

Actions and responses that can indicate an emotion, need or message.

Behaviour support plan (BSPs)

A document containing strategies that address the needs of a person exhibiting behaviours of concern.

Emotional trigger

An event that initiates an emotional response and produces a particular behaviour.

Restrictive practice

Any intervention or practice that restricts rights or freedoms of movement of a person.

A behaviour is an action that usually indicates an unmet need.

Behavioural and psychological symptoms of dementia (BPSD) or ‘changed behaviours’ can be one of the most distressing parts of the illness, both for the person and for others around them. Common behavioural symptoms of dementia include anxiety, agitation, wandering and aggression. In most cases, a person with dementia who is demonstrating these behaviours is trying to express an unmet need or emotion that they cannot communicate.

Behaviour support plans

Behaviour support plans (BSPs) are new to residential aged care, although they have been used for many years in the disability sector.

These plans have been introduced as a response to the widespread overuse of restraints and medications to reduce changed behaviours in aged care services, identified by the Aged Care Royal Commission.

BSPs offer guidelines for staff:

- Record any changed behaviours that the person uses that might need to be addressed.
- Show all staff what is already known about the person’s changed behaviours, what might **trigger** the behaviours, and how they can be approached without the use of **restrictive practices**.
- Document all strategies that have been trialled.
- Show evidence to the Aged Care Quality and Safety Commission that the behaviours are being supported according to the law.

Common behavioural symptoms

Individualised plans provide information about the person’s behavioural symptoms and how you can support the person when they use certain behaviours.

Here are examples of behavioural symptoms that can be stressful or harmful for people with dementia and those around them:



Physical aggression	Physical aggression such as hitting, pushing, shoving, biting and scratching puts others at risk.
Social withdrawal	Some people with dementia withdraw from the world around them. This can increase their sense of isolation and depression.
Verbally disruptive behaviour	Verbally disruptive behaviour such as screaming or yelling can be frightening or confusing for the people around them.
Resistance to support	People with dementia may resist support; for example, they may refuse to have a shower for many days in a row.
Disinhibition	Disinhibited behaviour includes getting undressed in public or touching other people in an inappropriate way. This behaviour may compromise their safety or cause other people to feel uncomfortable or distressed.
Wandering and intrusiveness	Wandering is a common behavioural symptom of dementia. This may cause a person with dementia to wander away from their home or try to leave an aged care facility. It may also lead them to wander into other people's rooms, or search through other people's possessions.

BPSDs can impact both the person and those around them.

The person might feel distressed by their inability to communicate their needs, or by the reactions of others to their behaviour. They may be at risk of harm, isolation or infection. Other people may be physically hurt or emotionally distressed by the person's behaviour. They may find the behaviour disruptive and distressing.

The Needs-Driven Behaviour Model

In the past, the treatment of dementia symptoms was based on the medical model.

Under the medical model, behavioural symptoms were often treated with psychoactive or sedating drugs. Today, these types of treatments or responses must be used only in extreme cases, and under strict conditions.

The **Needs-Driven Behaviour Model** looks at behaviours as messages, rather than problems. The model is a systematic way to approach the behaviour, and find out what the person might be trying to communicate, or which unmet need might be triggering the behaviour.

Needs-Driven Behaviour Model

A model that looks at behaviours as messages, rather than problems, and requires you to address the need.

What might be the need behind the behaviour?	
The person hits out at staff when they try to perform personal care	The person might need: <ul style="list-style-type: none"> to better understand who the staff are and why they are doing this to be helped to feel safe more control over their own body.



<p>The person screams loudly for hours at a time</p>	<p>They might need:</p> <ul style="list-style-type: none"> • pain relief • exercise • company and attention • something familiar around them • an activity to occupy them • support to manage depression.
<p>The person wanders into other people's rooms</p>	<p>They might need:</p> <ul style="list-style-type: none"> • to find something or someone familiar • to be somewhere else they feel more comfortable • exercise • company.

Knowing what might be the need behind the behaviour can be a good first step to helping the person meet the need.

Stressors for behaviour

Stressor

An event or situation that causes the person to exhibit a particular behaviour.

A **stressor** is something that causes the person to use a particular behaviour.

Many behaviours do not just happen on their own. They are often triggered by something that the person sees, hears or feels. When you use the Needs-Driven Behaviour Model, understanding the potential stressors for the behaviour can be another key to reducing the need for the person to use the behaviour.

A stressor can be external, such as a loud noise, or internal, such as boredom or hunger.

Common stressors	
<p>Infection</p>	<p>The person may have a physical health stressor, such as an infection, illness or other condition, that is causing them pain and discomfort. As we age, we become at increased risk of infections. Common infections experienced by people with dementia include skin infections, urinary tract infections (UTIs) and pneumonia.</p>
<p>Nutrition and dehydration</p>	<p>If the person's nutrition and hydration needs are not being met, this can result in a physical health stressor. A person with dementia may become dehydrated or hungry and be unable to communicate this need. This can then lead to headaches, increased confusion, UTIs and constipation.</p>



Contenance	A person's incontinence (their inability to control their bladder and bowel) is a physical health stressor. They may forget to use the toilet or be unable to communicate that they need to. As dementia progresses, it is common for incontinence to occur, particularly in the middle and late stages.
Pain	Pain is a common physical health stressor for people with dementia. It is important to recognise when a person with dementia is experiencing pain so it can be appropriately managed by a medical professional. When they are experiencing pain, this stressor can result in a behavioural response.
Unmet needs	The person may be unable to make themselves understood or may not be able to understand others. They might be cold, hungry, bored or overstimulated. They may need to go to the toilet.
Environmental stressors	Bright lights, noise, and other people being too close are common triggers. So are unfamiliar environments or unfamiliar people.
Task-related issues	The person may be attempting a task that is too difficult or they do not like.

Cumulative stressors

When there is one small stressor, such as a background noise, this might not trigger the person on its own. However, when another small trigger is added, the two stressors can work together to produce a behavioural response. This can lead to an outpouring of built-up frustration and distress. Once a person has become upset, it can be more difficult for them to control or manage their own reactions, and take longer for them to become calm.

Video: Simulation scenario – dementia support: aggression

Watch the following video and observe the actions the student nurse takes when engaging with a person living with dementia:

aspirelr.link/dementia-care-aggression

How could he approach the situation better? What might have been causing the person stress during their engagement?





Example Identifying stressors

Bill is a 90-year-old man with dementia. Bill often yells at staff and other residents, pushes people away and waves his hands in the air. Shirley, another resident with dementia, rocks and cries whenever Bill approaches her. The staff recognise that this behaviour is distressing to Bill, because it increases his agitation and it can be a long time before he becomes calm again afterwards. His quality of life is being affected.

The behaviour is also having a long-term impact on Shirley. The facility is her home, and no one should have to live in fear in their own home.

The staff must set out to try to identify the stressors that might be leading to Bill's behaviour, and what unmet needs he might have.

What approach could you introduce into your role to help identify stressors in the workplace?

Practice Task 15

Question 1

Match each term about changed behaviours to its correct description.

Disinhibition
Needs-Driven Behaviour Model
Behavioural and psychological symptoms of dementia
Trigger

Changed behaviours that can cause stress and harm
Something that sets off each episode of the behaviour
A way of looking at behaviours as a message or communication
When a person uses socially inappropriate behaviours

Question 2

Match each of the following triggers or stressors to the category they belong in.

A person sitting too close
Noise from a television
A urinary infection
Pain from a wound

Physical health stressor
Physical health stressor
Environmental stressor
Environmental stressor



Question 3

Which of the following are physical stressors? Tick all that apply.

- Pain
- Bright lights
- Continence
- Nutrition
- Infection

Question 4

What is an accumulated stressor? Provide an example in your answer.

4B

Identify strategies to reduce stressors and meet the person's needs

It is important to support behavioural symptoms with a person-centred approach.

Behaviour support strategies can help to reduce the impact of a person's behavioural symptoms on themselves and on the people around them. Work from a position of compassion, remembering that people with dementia do not 'behave badly' deliberately. Rather, they have difficulty communicating their needs.

The best ways to approach changed behaviours are to:

- remove or reduce stressors or triggers that lead to the person using the behaviour
- find out what might be the need behind the behaviour and help the person to meet that need.

Stressors and behaviours often happen in patterns. If you pay close attention, you are likely to see patterns that can tell you which stressors or triggers set off certain behaviours.

When you know what might be triggering the behaviour, it might be possible to remove or avoid the stressor, or reduce the impact of the stressor on the person. There are many ways workers can find out the potential stressors to each behaviour.

Chart the behaviour over time	An ABC chart is used to show patterns in behaviour, what stressors might be leading to each episode, and why the person might be using the behaviour. The chart requires you to write down what you observe every time the person uses the behaviour. This includes: <ol style="list-style-type: none">a. the Antecedent (what happened just before the behaviour)b. the Behaviour (a description of what the person does)c. the Consequence (what happens as a result of the behaviour).
Talk to family or close friends	People who know the person well might have ideas about what the person dislikes or reacts to, which could be potential stressors.
Make informed guesses	If a person seems to be distressed by something in their surroundings, it can be useful to look around and think about potential stressors. Too many people in the room or a loud television might be triggering this episode. Trying different ways to help the person can often eventually lead you to the correct stressor.



Avoid or remove the stressor

To remove the stressor, taking the person away from the stressor is usually the best option. Once the stressor is removed, the behaviour may reduce.

- Turn off a television, or take the person to a quieter area if noise is the stressor.
- Keep other residents at a safe distance from the person if they are upset by people being too close.

When you or someone else has determined a potential trigger, it should be written down on the person's BSP. This can then be used in future by other staff to help the person when they use the behaviour next.

Determining and addressing the need behind the behaviour

Changed behaviours are often the person communicating a need.

Sometimes this can be simple, and other times it can be very complex. If you know or can guess what the person might need, try and address the need as soon as possible.

To try and determine what the person needs, you can use some of the same strategies that are used to help identify the trigger.

Questioning

Ask the person and/or their family about what they might need. You might ask them a simple series of questions, which might help them to communicate what they need. For example, "Would you like to go for a walk around the garden, or would you like to have something to eat?" They might respond with words or gestures that can give you clues about their needs.

Observing

Watch closely for signs that might help you see what they might be feeling. If the person is in pain, you might see other signs such as clenching or holding a part of their body, or flinching when you come near. If the person is unwell, you might see signs of fever, or they might have a high temperature. If the person is looking in rooms and pacing around, as if they are searching, consider whether they might be looking for someone they know, and contact a family member on the phone.

Charting

ABC chart

A behavioural chart used to document challenging behaviour (Antecedents/ Action, Behaviour, Consequence).

An **ABC chart** can help you to look at patterns in what the person might get from using the behaviour. For example, if staff come and sit with the person whenever they call out, and this stops or reduces the behaviour, it is reasonable to guess that the person might need attention or company.

Considering other factors

Thinking carefully about other factors, such as time of day, can also help you consider possible needs. If the behaviour seems to happen at a certain time of day, it might be due to hunger or tiredness. Your service should respond to these patterns and prevent the need for the person to use the behaviour by providing more frequent meals at this time of day, or by encouraging rest and better sleep patterns.

- Ask a nurse or family member to provide pain relief medications if it is possible that pain could be the stressor.
- Provide stimulating or calming activities if boredom is possibly the stressor.
- Help the person to get something to eat or drink if hunger or thirst could be the stressor.

For more information on how to deal with different types of behaviours and manage stressors, visit: aspirelr.link/behavioural-psychological-symptoms-dementia

Example

Strategies to reduce stressors

Maria has been married for 50 years, but recently moved into an aged care facility as her dementia has progressed. Maria has settled in well, but she gets up every night around 1am, and starts searching for her husband. The staff try to help her to go back to bed, but she stays up for hours, walking in the dark, and going into other people's rooms. The day staff have noticed that she is tired and sleepy, and isn't eating or drinking well during the day because she is so tired.

Using a needs-driven behaviour approach, the staff talk to her husband, Franco, and think about what unmet need might be driving the behaviour. With some creative and intuitive thinking, they consider that Maria has not slept alone, without Franco, for most of her life.



With Franco's help, they do the following:

- They provide Maria with a moisture heat pack when she goes to bed, and reheat it when she begins to stir around 1am.
- They ask Franco to record his voice reading and singing to her on a digital recorder. The staff play this for Maria by her bed as she goes off to sleep.
- Franco gives an old shirt of his that the staff button around a pillow. Maria hugs onto the pillow and shirt during the night.

With these strategies in place, Maria has slept all night for the first time in several weeks.

Consider why a support worker should be aware of the stressors in their workplace. Why is it important to develop strategies that address these?

Practice Task 16

Question 1

Which of the following strategies can be used to reduce stressors? Tick all that apply.

- Sit the person next to other residents if noise is a possible stressor.
- Ask a nurse to provide pain relief medications if pain is possibly the stressor.
- Involve the person in multi-step activities if task issues are possible stressors.
- Provide stimulating activities if boredom is possibly the stressor.
- Arrange for the person to eat or drink something if hunger or thirst could be the stressor.

Question 2

Match each scenario on the left to its correct unmet need.

Mr Johnson masturbates in the corridor.	Unmet need for attention or intellectual stimulation
Laurie paces up and down the corridor asking where his wife is.	Unmet need to use the toilet
Mr Tyne starts to wriggle in his chair.	Unmet need to be with a familiar person
Bill throws objects when he has been left alone for a long time.	Unmet sexual needs

4C

Use identified strategies to reduce negative outcomes of behaviours

The behaviour support plan is a living document that shows all staff which strategies have been approved for use with the person.

What you know and learn about the person you are supporting can help the other people who are caring for them. When you have spent enough time with a person, you will get to know the things they like and dislike, the things that distress them or calm them down, and the best ways to manage their behavioural symptoms. Sharing these insights can benefit your whole team. As each team member contributes new information, you can piece together a 'picture' of the person and better understand their individual needs. This information should be included in the person's BSP.

Human rights

Human rights are based on the principles of equality and respect.

Human rights acknowledge the value of every person, regardless of who they are or where they live. Human rights are about being treated fairly, treating others fairly and having the ability to make genuine choices in our daily lives. They allow every person to contribute to society and feel included.

Here are some of the basic human rights that are especially relevant to older people:

- An adequate standard of living (food, clothing, housing etc.)
- The highest possible standard of physical and mental health
- Freedom from cruel, inhuman or degrading treatment
- Safe and free from violence
- Privacy
- Family life

Source: https://humanrights.gov.au/sites/default/files/content/letstalkaboutrights/downloads/HRA_older.pdf



Human rights and ethics in behaviour support

In the past, BPSs were often managed in ways that created the least stress or impact on staff. This might have included restraining a person in a chair with a tray table, or keeping a person in a bed using raised bed rails. These approaches do not solve the problem for the person, and can lead to further distress and harm.

You must first consider whether the behaviour needs to be changed or modified. For example, if the person is repeating themselves happily, there is no reason to try to change the behaviour simply because it is annoying to you.

However, you will need to try to reduce behaviours that could be distressing or harmful to the person or others. This must be done with regard to the person's dignity and humanity. The person has rights relating to how behaviours must be supported, and these are in line with basic human rights and the ethical treatment of all people in your care.

Human rights and behaviour support	
1	<p>Never use punishment or humiliation of any kind.</p> <p>Punishment, such as removing the person's rights or scolding the person, does not respect their dignity as an adult. For people with dementia, it is also a highly ineffective approach, because it relies on the person learning and remembering the punishment.</p> <p>It is illegal to punish, humiliate, or yell at an older person you support. It is also illegal to withhold the person's basic rights, such as refusing to give them food or drink until they change a behaviour.</p>
2	<p>Use positive strategies and language that upholds the person's dignity.</p> <p>Do not use terms such as 'naughty', 'bad' or 'terrible'.</p>
3	<p>Be proactive, not reactive.</p> <p>Try to predict needs and triggers, and help the person to meet needs and avoid triggers before they need to use a behaviour.</p>
4	<p>Respect dignity.</p> <p>Your behaviour support strategies must respect the person as a dignified human being. You cannot put a sign on a person's back with contact details in case they leave the facility, for example.</p>

Proactive
Acting in advance to prevent something from happening rather than responding to it after it has happened.

Reactive
Acting after the problem (such as the behaviour) has occurred.

Strategies to support changed behaviours

A range of strategies may be required to help support the changed behaviours of a person living with dementia.

The BSP will often outline more than one strategy to trial when the person uses the behaviour.



Distract and redirect	<ul style="list-style-type: none">• When you see signs that a harmful behaviour might be about to occur, act quickly and distract the person. You can then redirect them to an activity that they enjoy.• For example, if a resident is becoming aggressive towards another resident, lead them to another area, talk to them, show them something in the garden, play some music or commence another activity of interest to the person.
Reminiscence and validation	<ul style="list-style-type: none">• These strategies can reduce the anxiety that leads to changed behaviours.• For example, if a person is distressed because they think they need to go to a non-existent appointment in the city, you might walk with them outside into the garden, and sit with them on a bench seat while you both wait for the 'bus'. In the meantime, you might use reminiscence such as photos to slowly help the person feel engaged in reality.
Incompatible behaviours	<ul style="list-style-type: none">• Some types of behaviour can be reduced by thinking about whether there are other safe behaviours that the person might be equally likely to use, that cannot be easily done at the same time as the target behaviour. These are called incompatible behaviours.• For example:<ul style="list-style-type: none">- If a resident is prone to masturbating or pulling at their continence aids in public places, ask them to hold a bag and a coat; or a drink and a biscuit; in each hand.- If a person is prone to hitting out at staff during the shower, give them something that needs two hands to hold onto, such as the soap and a washer, or a doll who also needs a shower.- If the person regularly picks up the salt and pepper shakers on the communal table and drools on them, give them their own set of salt and pepper shakers for their individual use.
Technology	<ul style="list-style-type: none">• There are many technologies that can help reduce or remove the risk caused by changed behaviours.• For example:<ul style="list-style-type: none">- alarm mats next to the person's bed or chair, or near the front door, can alert you when the person is standing, so that you can go to them immediately and supervise them while they walk- noise-cancelling headphones can block out noises caused by other residents, or other triggering noises that you cannot control.



<p>Find other ways to communicate</p>	<ul style="list-style-type: none"> • If you can find more effective ways for the person to communicate, they may not need to use the behaviour. • For example, if the person uses a harmful behaviour to gain attention, a brass bell next to their chair might be a more obvious device for them to use than a standard call button. • A poster with pictures for the person to use to communicate what they need might be a more effective way for the person to communicate.
<p>Accept the risk</p>	<ul style="list-style-type: none"> • Sometimes it is appropriate to accept a small or moderate risk to the person for the price of their freedom. • For example, if a person at risk of falling wants to walk all day and constant supervision is not possible, you might need to accept the risk of falls and find ways, such as using hip protectors, to keep the risk of injury as low as possible.

De-escalation

Emotions like anger can spiral if the person is not able to control their feelings. However, there is nearly always a window of time where you might be able to reduce the spiralling of distress and harmful behaviours more easily. It is important to look for and become familiar with signs that the person might be becoming agitated, distressed or angry.

For example, the person might begin to pace up and down, or they might begin muttering to themselves or at others. When you see something that the person often does before they begin to use a dangerous behaviour, that is the time to react. If you wait, the behaviour might escalate.

You can **de-escalate** situations in several different ways:

- Remove any triggers or people that might be causing or adding to distress or confusion.
- Don't argue with the person, even if they are wrong. Use validation to show the person that you understand.
- Try to gently come between arguments between people with dementia, and distract them by changing the subject, or find a compromise if possible.
- Avoid touching or pulling at a person who is angry. This can increase their feelings of anger and frustration, and could put you at risk of harm. Instead, stand at a distance and talk calmly to the person.

De-escalation

The process of calming a person down before they become increasingly distressed or angry.

For more information about de-escalation, visit: aspirelr.link/dementia-conflict-de-escalate

Pay particular attention to the importance of communication when attempting to de-escalate changed behaviours and the types of words and sentences that can be used.



Restrictive practice

A restrictive practice is anything that limits the person’s rights or freedoms. The use of restrictive practices are now closely legislated and monitored. If they are used for the person’s safety and comfort, or for the safety of others, they must now be approved under strict conditions, and written into the person’s BSP.

Restrictive practices can include:

- physical restraints, such as ties, tray tables or cot sides
- clothing items designed to limit freedom of movement, such as mittens to prevent the person from scratching at their face, or a tight belt or all-in-one designed to prevent a person from removing their continence aid
- holding down a part of the person’s body, such as their arm, to prevent them from hitting at you or others, or to prevent them from resisting support
- chemical restraints such as medications given to prevent the person from being aggressive
- limiting the person’s movement between parts of the facility or the outdoors
- keeping the person in a space or room alone
- making threats such as telling the person they will be arrested if they go outside, or that there are spiders under their bed that will hurt them if they get up.

Legal requirements for use of restrictive practices

You might need to be able to use some restrictive practices as a last resort, so that you can keep people safe, such as when they at risk of harm or injury. Other residents who live in the facility also have the right to live without fear, and to feel safe from harm and aggression.

You and your service must do everything possible to approach behaviours without using restrictive practices. Approval to use these practices can only be given when the staff can show documented evidence that they have considered and/or tried other less restrictive measures. You cannot use restrictive practices that are not written into the person’s BSP, except in an emergency.

Here are the requirements for the use of restrictive practice:

It must be the last resort	The last resort means that you have tried or considered all other possible options that do not interfere with the person’s rights or freedom.
It can only be used to prevent harm to the person or someone else	Harm can be physical or emotional, but you cannot use restrictive practice simply to make your life easier, or to stop the person from annoying you.



It must be the least restrictive alternative	Your service must first have tried or carefully considered other, less restrictive ways to reduce the risk of harm, and these must be documented in the BSP. For example, you cannot use bed rails if an alarm on the floor, which can alert staff when the person stands up, can keep them safe instead.
It must be carefully approved and documented by a health practitioner such as a GP who knows the person	The GP must show that the person is at risk of harm to themselves or to others, and why this restrictive practice is necessary. This must be documented in the BSP.
There must be informed consent	Informed consent means that the person or their substitute decision maker agrees to the use of the restrictive practice.
It must be used for the shortest amount of time possible	You must stop using the restrictive practice as soon as the risk is no longer present.
It must be monitored and reviewed	Your service must prove that the need for the restrictive practice is reviewed regularly, and that the person is safe and comfortable at all times. If a less restrictive option becomes possible, this must be used instead.

Using restrictive practices in emergencies

The law allows for you to use a restrictive practice that is not recorded on their BSP to protect the person from harm in an emergency situation. For example, if the person is about to walk out into traffic, you might need to pull at them and hold them back to prevent them from being hurt.

If a person is attacking another resident or staff member, you may use only enough force to prevent harm, and only for as long as necessary while there is risk of harm.

If you or another staff member have needed to use an emergency restrictive practice to prevent harm, you must:

- only use the minimum amount of force necessary
- do what you can to reduce the amount of time the practice is needed, such as calling for help and removing the other person from the area
- report and document the event, including what force or restraint was needed and why.

Your manager must make sure that the behaviour that led to the restrictive practice being needed is supported and prevented, and the least restrictive alternative to keep the person and others safe is put in the plan for the future.

Example

Using restrictive practices

Read the following example to gain a better understanding of identifying when restrictive practices are necessary.

Arthur has severe dementia and is unable to communicate. He is transferred from his bed to his chair every morning using a hoist. While he is in the air being hoisted, he always becomes distressed. He screams at a piercing volume and hits out at the staff while they are performing the transfer. The staff have tried to consider the need behind the behaviour, and have guessed that Arthur feels frightened during the transfer.

The BSP documents a range of strategies that the staff have tried:

- changing the transfer to a later time in the morning
- playing music through headphones during the transfer
- giving Arthur soft objects to hold onto during the transfer so that he is less likely to hit staff
- talking to Arthur in soft and calming voices during the transfer.

None of these strategies have worked. The staff feel that their own safety is at risk, because Arthur is tall and strong, and can lash out a long way towards them from inside the sling of the hoist.

The manager has determined that a restrictive practice might be the only way to keep the staff and Arthur safe during this transfer. She talks to Arthur's daughter and his GP. Together they determine what they feel is the least restrictive way to keep Arthur and the support staff safe.

A new type of sling is ordered with a large Velcro attachment. The attachment stops Arthur from moving his arms while he is in the sling. Arthur's daughter and the GP have given written permission and consent for this attachment to be used, but only on days when he is agitated. As soon as Arthur is safely in his chair, it must be removed.

The staff continue to try other methods first, but the attachment is used according to the plan as the only way to keep them from being injured. Later, when Arthur's dementia has progressed, he has no signs of agitation or aggression, and the Velcro is no longer needed.



Practice Task 17

Question 1

Number each step from 1 to 5 in the order you would follow to support a person with dementia who can be aggressive and hit others.

	Use a restrictive intervention that is outlined on the BSP.
	Check the BSP to see what is recommended.
	Try to distract and redirect him to another activity.
	Remove any potential stressors that have been identified as triggers to his behaviour.
	Document and monitor.

Question 2

Explain the meaning of restrictive practice and give two examples.

Question 3

Which of the following statements relate to the legal requirements for using a restrictive practice? Tick all that apply.

- Restrictive practices are illegal and cannot be used under any circumstances.
- They must be recorded on a BSP, unless they need to be used in an emergency.
- They must only be approved for use if they are necessary to protect the person or others from harm.
- The doctor is the only person who is allowed to use restrictive practices.
- The person or their substitute decision maker must give consent for an ongoing restrictive practice to be used.



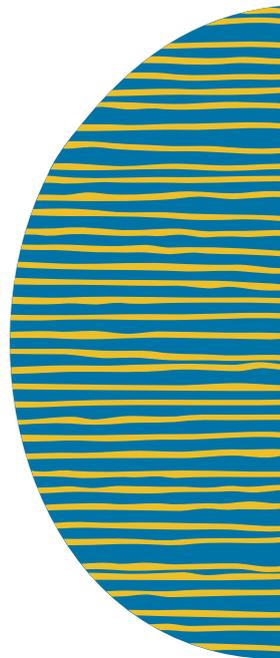
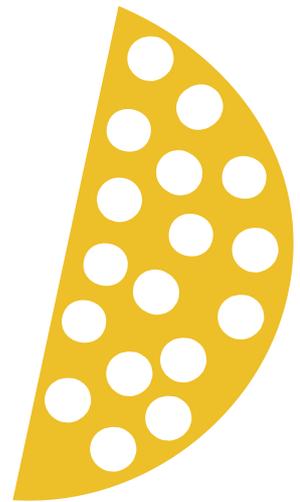
Question 4

Provide three examples of actions that can be taken to de-escalate aggressive behaviour, which also uphold human rights principles.



Summary

- The behaviour support plan (BSP) outlines the person's identified behavioural and psychological symptoms of dementia (BPSD), and how they are supported.
- Behaviours are often the result of unmet needs.
- The Needs-Driven Behaviour Model requires you to identify and address these needs.
- Triggers and stressors are things in the environment or internal to the person that set off each episode of behaviour.
- Many instances of distressing or harmful behaviours can be avoided by reducing or removing the trigger.
- Behaviour support must be positive and dignified.
- A restrictive practice is anything that limits the person's rights or freedom.
- There are strict rules relating to the use of restrictive practice in residential aged care.





Learning Checkpoint 4

Use a strengths-based approach to meet the person's needs

Part A

1. What is the name of the document where you will find information about the person's changed behaviours and how you can support them?

2. List four examples of stressors that can lead to changed behaviours in a person you support.

3. Explain why it can be difficult to identify one stressor for changed behaviour.



4. Which of the following statements are correct? Select 'Yes' or 'No' for each one.

a. Changed behaviours often happen because the person needs something.	Yes / No
b. A princess chair (a commonly used chair that prevents the person from getting up and harming themselves) is not a restrictive practice.	Yes / No
c. A trigger is always present in the environment and can't be removed.	Yes / No
d. Human rights include the right to dignity and freedom, and these must be protected as much as possible.	Yes / No
e. Restrictive practices can be used in an emergency without prior approval, but in the least restrictive way possible.	Yes / No

5. Which of the following examples are restrictive practices? Tick all that apply.

- Holding down a person's arm to stop them from hitting you while you give them a shower
- Distracting and redirecting a person from an activity.
- Putting a person in a large chair that they cannot get out of.
- Telling a person that they must not leave their room or you will come back and yell at them.
- Giving a person something else to hold so that they cannot use a harmful behaviour.

Part B

Read the case study, then answer the questions that follow.

Case study

Josephine has advanced dementia and lives in an aged care facility. She cannot communicate using words.

Josephine sometimes throws her head back into the chair, screams repeatedly and pulls at her hair. It is not always obvious to the support workers what the triggers are for these behaviours or how they can best support Josephine to reduce her distress. If the behaviour is not addressed, and allowed to escalate, she sometimes begins to throw things at others, and will hit and bite at staff.



- 1.** Suggest two ways the workers can find out what might be behind Josephine's behaviour.

- 2.** List four possible triggers that could cause Josephine's behaviour.

- 3.** Explain what type of information the support workers should document about Josephine's behaviours.



- 4.** Briefly outline four important principles that should be considered when using a behaviour support strategy.

- 5.** Give three examples of non-restrictive, positive strategies that could be used to address the behaviours.

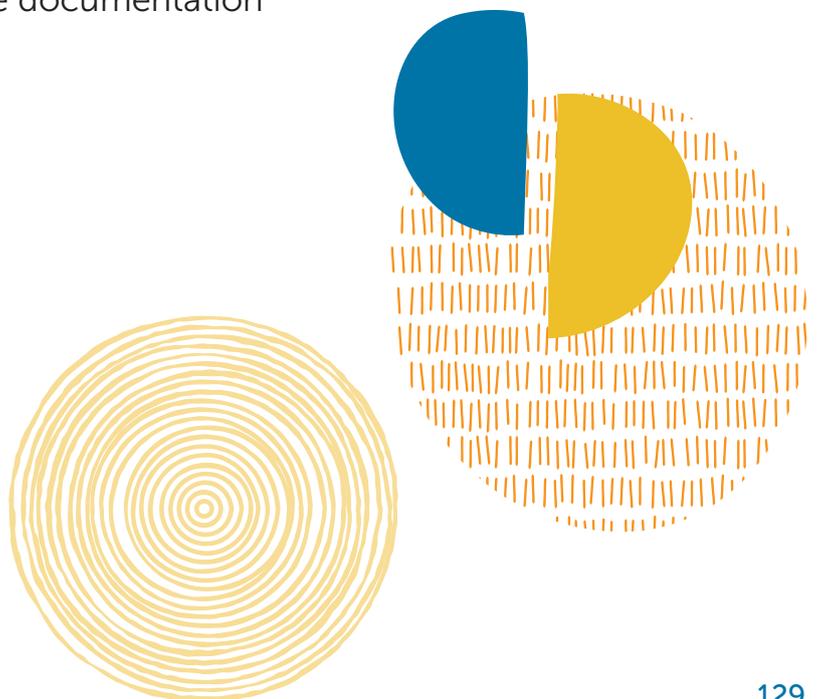
- 6.** At what point should the staff begin to de-escalate the behaviours? Provide at least two examples of how this can be done.

- 7.** Outline the processes that must be followed before a restrictive practice is used when other strategies fail to prevent Josephine from injuring herself.



Topic 5: Complete documentation

- 5A Observe, document and report changes in the person's behaviour
- 5B Complete, maintain and store documentation



5A Observe, document and report changes in the person's behaviour

Working at the frontline of the person's support, you are often the first person to see changes in their behaviour.

Being on the frontline means that you are in a position to note changes in the behaviour of a person living with dementia. When working with a person, you will get to know them, their personality, their likes and dislikes, and the types of environments or situations that they may find challenging. Any changes in these areas or in their emotional or physical state will be more obvious to you than to other people who have less interaction with the person.

Observing behaviour changes

Observing for changes in the person's behaviour can be an important way to be that person's voice when they have new needs, or when they are in pain or discomfort.

Observing the person for changes or deterioration in abilities, and then passing on this information, is an important contribution to the efforts of the support team.

Physical changes	<ul style="list-style-type: none">• The person may gradually lose their sense of balance and coordination.• They can become more prone to falls.• They may sit or lie for longer and longer periods, until they are no longer able to mobilise. This can put the person more at risk of pressure injuries from sitting or lying in the one spot in a chair or bed.• The person can be at risk of choking due to swallowing problems.
Cognitive changes	<ul style="list-style-type: none">• The person will be likely to become increasingly confused.• In the early stages of dementia, confusion can appear to come and go, but eventually the person will be unable to use brain function for all skills, including self care, communication, memory and reasoning.
Changes in health and wellbeing	<ul style="list-style-type: none">• As dementia progresses, the person can:<ul style="list-style-type: none">- lose a great deal of body weight because of changes to appetite and muscle mass- experience extreme depression and anxiety, particularly in the middle stages of dementia- experience pain or injuries that they are unable to report or understand.



Observing for pain and discomfort

Pain is often undiagnosed and undertreated in aged care.

If the person is using a new or unusual behaviour, such as restlessness, wandering, calling out or agitation, it is important to consider whether the person might be in pain, and treat it accordingly.

When you know a person with dementia well, you, along with the person’s family, are often the best person to notice changes, such as signs of pain, illness or discomfort. Pain can be difficult for the person to communicate to you if they are unable to understand or use the language to talk about pain. If the person is unable to communicate these signs themselves, they can depend on you to speak up about what you have noticed.

Video: Dementia and pain

Watch the following video, which provides advice on how to identify if people living with dementia are in pain: aspirelr.link/dementia-and-pain
 Pay particular attention to the behaviours that you should watch for to determine if the person may be experiencing pain.



People living with dementia may not be able to use words to communicate that they are in pain.

When the person is unable to communicate, or has lost the ability to understand how to put what they are experiencing into words, they may not be able to tell you about other symptoms that they feel.

This means you should be alert for signs that might indicate that the person is injured or unwell.

<p>Observe for physical signs</p>	<p>During personal care routines, check for:</p> <ul style="list-style-type: none"> • signs of cuts or areas of redness that might indicate injuries such as clothing or footwear that is too tight • signs of infection, such as discharge from eyes, bleeding gums, skin that is hot to touch, or a temperature over 37.7°C • skin that is pale or flushed.
<p>Observe for behavioural signs</p>	<p>A person might be unwell if they:</p> <ul style="list-style-type: none"> • seem more tired or withdrawn than usual • do not engage in eye contact or attempts at communicating as much as usual • seem more agitated or irritable than usual • guard or attempt to protect certain areas of their body • are not eating or drinking.



Reporting and documenting changes

Your service will have a set of policies and procedures that outlines the process of how and what you should report and document. These will be likely to include:

- behaviours that could cause harm or distress to the person or others
- any injury, accident, incident or near miss
- any **hazards** that might cause harm to the person or others
- any signs of pain, distress or anxiety
- any unexplained injuries
- significant changes in the person's skin colour, vital signs, bowel and bladder habits, or cognitive ability
- new needs that are not outlined on the person's individualised plan, or changes to the plan that they or their substitute decision makers have voiced.

Hazard

A source or a situation with the potential for causing harm, damaging humans, property and/or the environment.

Report these changes to a supervisor in the way that you have been shown, such as phoning an offsite supervisor if you work in the community, or letting a nurse know about the change if you work in a facility.

Always follow up reports with a written document of what you have seen. This helps to ensure that information is followed up, and provides evidence to auditors that you and other staff members are acting on observations. It can also serve as a legal document if something goes wrong.

When documenting observations, write down:

- when the observation took place (time/date)
- what you observed (include specific details)
- where did the observation occur (include details on the location and the environment)
- who was present (include details of what they were doing at the time)
- why the observed event took place (include any relevant behavioural triggers)
- any outcomes or consequences that occurred as a result of the observed event.

Example

Observing and reporting behavioural changes

Donna is a support worker for a home and community service. This morning Donna was providing support to Irene, a 70-year-old lady with mild dementia.



Irene's daughter was present at the time, and Donna noticed that Irene seemed frightened and upset by her daughter being near her. Donna felt that it was important to report on Irene's behaviour. Donna spoke to her supervisor about the situation. Donna's supervisor thanked her for this information. The supervisor spoke to Irene's daughter later that day and asked her if she was coping in her role as her mother's primary carer. The daughter started to sob and admitted that she had been struggling to cope and was constantly angry at her mother. Because of the information that Donna had provided, the supervisor was able to arrange for a social worker to visit the family and help with some much-needed respite.

When reporting behavioural changes, what considerations should you take to ensure your observations are recorded objectively?

Practice Task 18

Question 1

Which of the following statements are correct? Select 'Yes' or 'No' for each one.

a. If the person does not tell you that they are in pain, it is impossible for someone else to observe it.	Yes / No
b. Pain is always very well managed in aged care facilities for people with dementia.	Yes / No
c. Observation and reporting are two of the most important roles of the support worker.	Yes / No
d. Dementia does not affect the person's health.	Yes / No

Question 2

Which of the following observations must you report to a supervisor? Tick all that apply.

- Any injury, accident, incident or near miss
- Any signs of pain, distress, illness, infection or anxiety
- New needs that are not outlined on the person's individualised plan, or changes to the plan that they or their substitute decision makers have voiced
- Changes in the person's choice of music or film
- Behaviours that could cause harm or distress to the person or others

5 B

Complete, maintain and store documentation

Documents and reports help to communicate needs and changes to nurses, doctors and other professionals.

They provide a running record of the person's condition over time, and outline what interventions help or don't help the person. They can also help to prove to the **Aged Care Quality and Safety Commission** that your service is following the standards and complying with laws and regulations.

Aged Care Quality and Safety Commission
The governing body of the aged care sector.

You might be asked to record information in a range of different documents. Here are some examples:

Food and fluid chart	<ul style="list-style-type: none">• When the person is losing weight or having trouble with their appetite or swallowing, a food and fluid chart is a daily record of exactly how much and which types of food and drink the person consumed.• This can help medical and nursing staff, and other professionals such as dieticians, to assess the person's nutritional and fluid intake.• It can also help you and other workers to see which foods the person prefers, so that these can be prioritised in their diet.
Observation chart	<ul style="list-style-type: none">• Many facilities have a routine called 'Resident of the Day'. On any given day, one or more residents are allocated to be weighed, and to have their temperature, pulse, blood pressure and respirations taken. This helps to keep a record of the person's health.• Observation charts are also a place where the person's bowel actions and urine tests are recorded.
Bowel chart	<ul style="list-style-type: none">• When the person has unusual bowel actions, such as ongoing diarrhoea, a scale such as the Bristol Stool Chart is a way to classify and record the softness of their faeces. This can help medical staff to estimate improvements and the need for further treatments or interventions.
Incident reports or monitoring forms	<ul style="list-style-type: none">• An incident report is an important document where accidents, injuries, near misses or hazards are recorded. Resident or client falls, staff injuries or other injuries or accidents are recorded here.• In community settings, these reports are called monitoring forms.



Behaviour support plan or behaviour chart	<ul style="list-style-type: none"> • These are a legal requirement for any resident who uses a behaviour that requires or might require a restrictive practice of any kind. • It is where you record instances of the behaviour, how you responded, what has worked to reduce the behaviour, and any authorised restrictive practice that you or other staff have used.
ACFI documents	<ul style="list-style-type: none"> • Aged Care Funding Instrument documentation are important ongoing daily records of the support you gave to the person throughout each shift. They help your service to claim funding for additional staff and resources when the person's needs increase.
Communication books	<ul style="list-style-type: none"> • In community settings, notes are often recorded in a communication book. These outline non-urgent messages between visiting staff, family members and other workers who visit the person. Because they are not private, they should not contain confidential or sensitive information.

Complete documentation

The information you collect must be true and accurate; stick to the facts and only write down what you know and what you saw, not what you assume.

Objective language describes what you have seen or heard. **Subjective** language, on the other hand, is based on feelings, emotions or opinions. The information you write down must be objective or factual, rather than your own opinion or assumptions.

Here are some examples of objective and subjective language:

Subjective	Objective
I think Mrs Smith is depressed.	Mrs Smith has been teary and doesn't want to take part in activities.
Mr Mansour was rude and aggressive.	Mr Mansour clenched his fist and threatened to hit me while I was helping him to shower.
Molly was lazy this morning.	Molly was reluctant to get out of bed, and chose to sleep in.

Objective
Non-opinionated, non-emotional and non-judgemental presentation of facts.

Subjective
Based on feelings, emotions or opinions.

For more information on how to write objectively, visit: aspirelr.link/qcal-write-effectively



Respecting confidentiality

Confidentiality

The principle of keeping personal information private, unless the person consents to sharing the information with other parties.

Confidentiality means that you take steps to protect personal information about the client and their family.

You will have access to a great deal of private information. Personal information can include:

- information that you are given in the care plan or in handovers or meetings to help you support the person, such as medical conditions and family history
- conversations that you might overhear while you are with the client and their family
- things that you are told by someone who might not understand the need for personal boundaries, such as a person with dementia telling you personal details about their family members.

Be conscious of where you are if you are talking about personal client or family information. This includes not discussing an individual's personal information unless they have given their consent for this to happen. You do not have to mention the person's name to breach confidentiality. Do not talk about them in a public place, or in an open area of a facility.

If you are using any details about a person that could be overheard and identified by others, this is in breach of the person's rights.

You generally need the person's consent if:

- you wish to talk about their situation with external services, such as when you are talking to a professional or making a referral to another agency
- you wish to use a person's name, photo or personal details for any other reason, such as a project you are doing during your course.

When a person cannot give consent, such as child or a person with dementia, you must gain consent instead from their legally appointed decision maker.

Storing personal information

In most cases it is not up to you to decide what an older person wants to share with their family and what they would prefer to keep to themselves.

Keep the client's own personal information secure from other clients or residents, and from visitors or any other people who are not authorised to see it.

Keep file notes, care plans, communication books and handover notes closed and secure, according to your service policy and procedures. This can include keeping files and individualised plans in a locked room in a facility, or in a locked phone or tablet with password protection if you are in the person's home.



Example

Storing information

Jacinta works in a community service that collects information from clients. Each person's file and information must be stored so a plan can be developed and implemented to meet individual needs, and to meet duty of care and other legal requirements of her workplace. To meet privacy and confidentiality requirements, the files are stored in a locked filing cabinet and access is limited to support providers only.

Disclosure

There are some situations where you might be legally required to pass on information that the person or family member has told you in confidence.

You must pass on information that makes you fearful for the person's safety and well-being. This is called your duty of **disclosure**. Your service will have policies and procedures relating to your duty of disclosure.

You must tell a supervisor, or the police, if a person gives you information about any of the following, even if they have asked you to keep it to yourself. (This also applies to any information or suspicions that you have that a child is being abused, even if they are not your client.)

Disclosure

The act of sharing or releasing private or personal information.

Information that is your duty to disclose	Examples
Any information that makes you suspect that the person is being abused or has been abused	<ul style="list-style-type: none"> A person with dementia hints to you that a worker has been touching her inappropriately. She tells you not to say anything to anyone.
Anything that you think might cause harm to the person or to someone else if you don't pass on this information	<ul style="list-style-type: none"> A man in the early stages of dementia tells you that he has been driving after his licence was taken away. A person with dementia tells you that they are considering self-harm. A family member tells you that they are using practices that could cause harm to the client, such as transferring them without suitable equipment.

You can read a sample of privacy protocols used by a community transport service in NSW: aspirelr.link/community-connect-privacy-confidentiality



Example

Maintaining confidentiality

Tony works for the local council home support service in a small country town where everyone knows each other. He has started a new support worker role with a family who care for their father Ernie, who has dementia. The family members run a small business from home.

One day while Tony is standing in the queue at the local store, he takes a call from his supervisor. Tony chats to his supervisor about his day at work, and lets her know that he thinks Ernie's family are having financial problems. He overheard them saying this while he was walking past the door to the family office. He tells the supervisor this concerns him, because he thinks Ernie is losing weight. While he does not mention the name of the family, it is clear to the person standing in the queue behind him that Tony is talking about her next-door neighbours.

The neighbour goes home and tells Ernie's family that she heard all about their financial difficulties. When they ask her how she knew this, she tells them she overheard Tony talking about it on the phone. Tony gets a call from his supervisor and is given a warning that this is a breach of confidentiality. The family refuse to allow Tony to return to their home.

Think about measures you could take to ensure confidentiality in the workplace. Why is it important to guarantee privacy for those you support?



Practice Task 19

Question 1

Match each of the following types of information to the correct document.

A resident has just lashed out at another resident.	Incident report
You have been asked to take a person's blood pressure.	Incident report
A resident has fallen over but has no injury.	Observation chart
You have hurt your back after trying to help a person with dementia to get out of bed.	Observation chart
A person has used their bowels twice today.	Behaviour chart or behaviour support plan
A person with dementia is screaming and cannot be easily calmed.	Behaviour chart or behaviour support plan

Question 2

Which of the following statements are correct? Select 'Yes' or 'No' for each one.

a. If a person with dementia tells you that a staff member has hit them, you must let your supervisor know, even if the person asked you not to tell anyone.	Yes / No
b. If a person with dementia tells you that their daughter is gay, you must let your supervisor know, even if the person asked you not to tell anyone.	Yes / No
c. If you discuss sensitive details about a person you support in a public place, you are likely to be breaching their privacy, even if you don't mention their name.	Yes / No
d. If you are writing information in a communication book in the person's home, you are allowed to include medical or other private information.	Yes / No

Question 3

Which of the following statements are examples of objective reporting? Tick all that apply.

- Mrs Jones complained of pain.
- Mr Tricarico was demanding.
- Maisie looked pale and slept most of the day.
- Mr Francis has a temperature of 37.9°C.
- Sam behaved badly and refused to join in.



Summary

- Looking for and reporting changes in the person is one of the most important roles you have.
- Documentation is used to identify and keep a record of people's needs and the steps taken to meet these needs.
- There are laws that affect how information is collected, used, accessed and stored.
- Documentation needs to be clear, accurate and objective.
- Aged care services have a range of different forms and documents where information can be recorded.
- Privacy and confidentiality of personal information must be protected.
- You have a duty to disclose certain information that might cause harm to the person or others, even if the person asks you to keep it confidential.



Learning Checkpoint 5

Complete documentation

Part A

1. Outline the difference between objective and subjective language. Why is it important to know the difference when completing documentation?

2. Which of the following statements are correct? Select 'Yes' or 'No' for each one.

a. Privacy of information is only important if the person with dementia understands the reason for it.	Yes / No
b. Personal information can be discussed in public as long as you do not mention the person's name.	Yes / No
c. If a person tells me that someone has hurt them, I can only pass this on to my manager if the person gives consent.	Yes / No
d. A communication book used in a person's home should only contain information that is not personal.	Yes / No
e. Older people should not have access to the personal information of other clients or residents, even if they ask for it.	Yes / No

3. Match each behavioural/physical sign to the correct indicator.

If a person suddenly looks withdrawn and does not want to eat or drink and does not respond to pain relief medication	Indicator of pain
When a person guards their abdomen with their hands whenever you come near, and cries when you touch the area	Indicator of infection
If a person has a small cut on their shoulder but does not seem to be in pain	Indicator of illness
If a person has a high temperature	Indicator of injury



Part B

Read the case study below and answer the questions.

Case study

Jonathon works for a community services organisation. This morning he does a home visit to shower and dress Maisy, an 81 year old lady with Alzheimer's disease. He finds that Maisie has put her electric kettle on the stove top, and it has melted, narrowly avoiding a fire. Maisie did not seem aware that this had happened until Jonathon pointed it out. She waves it away as a minor incident and asks Jonathon not to pass it on to his manager or her family. "Please don't tell anyone that happened," she says. "They will just make a big fuss."

1. Briefly outline what Jonathon should do in this situation and why.

2. Suggest the type of report he should generate.

3. Provide two examples of the observations Jonathon might report and record.



Glossary

ABC chart

A behavioural chart used to document challenging behaviour (Antecedents/ Action, Behaviour, Consequence).

Abuse

Any intentional action that harms or injures another person.

Aged Care Quality and Safety Commission

The governing body of the aged care sector.

Aged Care Quality Standards

A list of rules that must be met by the aged care industry.

Alzheimer's disease

The most common cause of dementia.

Assistive technology

Technology that enables a person to maintain or improve their capability of performing a task.

Behaviour support plan (BSP)

A document containing strategies that address the needs of a person exhibiting behaviours of concern.

Behavioural and psychological symptoms of dementia (BPSD)

Symptoms that are the result of dementia and can lead to harm or distress to the affected person or to others.

Behaviours

Actions and responses that can indicate an emotion, need or message.

Cognitive

Describing the brain's functions of thinking, reasoning and learning.

Confidentiality

The principle of keeping personal information private, unless the person consents to sharing the information with other parties.

Cultural sensitivity

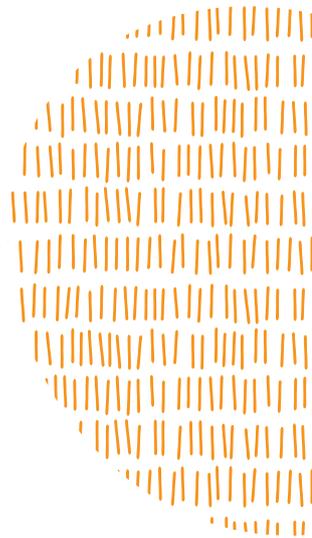
Adopting a non-biased attitude and tolerating other cultural values, opinions, customs and needs.

De-escalation

The process of calming a person down before they become increasingly distressed or angry.

Delirium

An acute (fast onset) episode of severe confusion.



Dementia

A group of progressive neurological diseases that affect a person's cognitive abilities and behaviour.

Dignity of risk

A person's right to dignity and choice, upheld in legislation and service standards, to ensure that duty of care or safety is not used as a reason to limit a person's freedom of personal choice.

Disclosure

The act of sharing or releasing private or personal information.

Disinhibition

Exhibited by persons who act outside of social boundaries and taboos.

Duty of care

A moral or legal obligation to ensure the safety and wellbeing of other persons.

Dysphagia

Difficulty swallowing.

Educated guess

A guess at something that is informed by prior learning and likely to be correct.

Emotional trigger

An event that initiates an emotional response and produces a particular behaviour.

Hazard

A source or a situation with the potential for causing harm, damaging humans, property and/or the environment.

Inclusion and participation

The act of taking a meaningful part in social activities and interactions with other people.

Individualised plan

A plan that has been developed with the person and/or their family to help staff provide support that meets the person's needs and preferences.

Mandatory reporting

The legal requirement of people in certain job roles and industries to report suspected or actual abuse to the police.

Needs-driven behaviour model

A model that looks at behaviours as messages, rather than problems, and requires you to address the need.

Neurological

Affecting the nervous system, particularly the brain.

**Nonverbal communication**

The transfer of information or messages through the use of body language and signals.

Objective

Non-opinionated, non-emotional and non-judgemental presentation of facts.

Person-centred approach

Providing tailored support for each person and taking time to learn about their individual preferences, needs and goals.

Proactive

Acting in advance to prevent something from happening rather than responding to it after it has happened.

Progressive disease

A disease that develops, and often gets worse, over time.

Proprioception

The body's ability to sense self-movement and body position, including balance.

Reactive

Acting after the problem (such as the behaviour) has occurred.

Reality orientation

A communication technique that orientates the person back into our reality, such as by reminding them of where they are.

Reminiscence

The act of reliving pleasant memories.

Restrictive practice

Any intervention or practice that restricts rights or freedoms of movement of a person.

Sensory stimulation

Activation of the senses, such as hearing, sight, touch and smell.

Social devaluation

The tendency of people to look down on those who look, dress, speak or behave differently from them and are deemed of less value and significance to society.

Stressor

An event or situation that causes the person to exhibit a particular behaviour.

Subjective

Based on feelings, emotions or opinions.

Validation

Accepting and acknowledging what a person believes to be real and responding accordingly.

