

**Dementia Care**

**Learning and Development Pathway**

**FINAL**

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## **Section 1: Introduction**

This Learning and Development Pathway has been developed by the North East Regional Development of Skills Group in collaboration with Skills for Health and Skills for Care.

The Learning and Development Pathway is intended to support the National Dementia Strategy which was published by the Department of Health in February 2008.

### **1.1 Aim**

The aim of the Learning and Development Pathway is:

To provide an appropriate learning pathway to ensure that Health and Social Care staff at all levels have the necessary knowledge, skills and attitudes related to working with service users and patients who have dementia.

### **1.2 Objectives**

The Learning and Development Pathway, in line with Objective 13 of the National Dementia Strategy, seeks to ensure that all health and social care staff involved in the care of people who may have dementia have the necessary skills to provide the best quality of care in the roles and settings where they work by meeting the following objectives which are to:

- underpin the workforce strategies of all statutory organisations within the North East Region.
- identify the existing competence and knowledge, education and training available that will support the workforce to deliver improved quality of care
- care and support is coordinated and individual needs are met irrespective of who is delivering the service
- ensure that dignity and respect is paramount in supporting people with dementia
- provide advice to facilitate high quality care and support
- identify best practice to develop staff and carers to the highest possible values incorporating National Occupational Standards
- provide commissioners with information to specify appropriate dementia learning and development for the health and social care workforce.

## **Section 2: National Drivers for Dementia Care**

### **2.1 Living well with dementia: A National Dementia Strategy (2009)**

The National Dementia Strategy is the key document of reference. The aim of this strategy is to ensure that significant improvements are made to dementia services across three key areas:

- improved awareness
- earlier diagnosis and intervention
- high quality of care.

The strategy identifies 17 key objectives which should result in significant improvements in the quality of services provided to people with dementia and should promote a greater understanding of the causes and consequences of dementia. This strategy should be a catalyst for a change in the way that people with dementia are viewed and cared for in England.

### **2.2 Additional key documents associated with dementia are:**

- Health and Social Care Act (2008)
- End of Life Care Strategy (2008)
- Putting People First (2007)
- Knapp M, Prince M, Albanese E. et al (2007), Dementia UK: The full report
- NAO (2007), Improving services and support for people for people with dementia
- Supporting People with Long Term Conditions to Self Care (2006)
- NICE/SCIE (2006), Dementia: Supporting people with dementia and their carers in health and social care
- Mental Capacity Act (2005)
- CSIP (2005), Everybody's Business – Integrated mental health service for older adults; a service development guide
- DH (2001), National Service Framework for Older People
- Audit Commission (2000), Forget Me Not
- Audit Commission (2000), Forget Me Not 2002

This is not an exhaustive list.

## **Section 3: United Kingdom, English and Regional Landscape**

### **3.1 Dementia in the United Kingdom**

Dementia is one of the biggest challenges facing health and social care agencies in the UK. There are a number of different types of dementia of which Alzheimer's disease is the most common (62 per cent of all people with dementia), followed by vascular dementia (27 per cent). Although there are variations in symptoms between the different types of dementia they all result in a progressive deterioration, usually over several years, in a person's cognitive and physical functioning, leading ultimately to the person's death. Currently there are no cures or disease modifying treatments for any type of dementia.

In the UK there are currently 750,000 people who have dementia and current trends indicate that this figure is expected to double to 1.5 million in the next 30 years (Alzheimer's Society, 2007).

### **3.2 Dementia in England**

The 'Dementia UK' report published by the Alzheimer's Society (2007) estimated that about 574,717 people with dementia live in England. With an ageing population that is also living longer than ever before this figure is estimated to rise to 940,000 by 2021 and over 1.7 million by 2051. In 2009 the Department of Health in England responded to this challenge by publishing the first ever National Dementia Strategy. This Strategy included a robust five year plan with 17 key objectives. This approach is mirrored in Scotland, Wales and Northern Ireland.

### **3.3 North East England Landscape**

In April 2009 the Dementia Regional Development and Implementation Group published a Demographic and Service Profile report to support the implementation of the National Dementia Strategy in the North East. The report identified the number of residents that may be living with dementia in 2030 and the potential implications this may have in the region.

The number of residents in the North East predicted to have late on-set dementia (diagnosed after 65 years of age) in 2009 was 30,254 representing around 5% of the 600,696 total for England. In 2030 it is predicted that the numbers of people with dementia in the region will have increased to 50,896 some additional 20,642 individuals. This represents a 68% increase on the 2009 level, consisting of a 93% increase in the number of males and a 55% increase in females predicted to have dementia.

The number of people predicted to have early on-set dementia (under the age of 65 years) is expected to remain similar in numeric terms between 2009 and 2030 at just below 700. This is due to the under 65 years of age population in the North East falling from current levels.

## Section 4: The Learning and Development Pathway

This section of the Learning and Development Pathway sets out the processes to be used to establish the best developmental routes. This will enable:

- members of staff and carers to take up learning opportunities
- acquire the necessary dementia care skills and competences.

### 4.1 Pathway Development Process

The process began with the **National Dementia Strategy: *Living well with dementia***

Within the National Dementia Strategy there are 17 service focussed objectives (listed in TABLE 1). North East Regional Development of Skills Group have identified and mapped skills and knowledge levels to each of the 17 objectives.

The group analysed the learning and development needs of practitioners against the 17 service objectives. The group were then able to cluster the objectives against six broad behaviours to support the delivery of the National Dementia Strategy.

The behaviours are:

1. Communication
2. Early Diagnosis, Assessment and Care Planning
3. Maintaining Quality of Life through Co-ordination
4. Advanced Care Planning
5. Meeting Carers needs
6. Overarching values and knowledge

The group then identified that for dementia care to be delivered a competent workforce will be required at many different levels. The group identified four distinct groupings<sup>1</sup> and mapped a sample of job roles (TABLE 2).

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<sup>1</sup> These are compatible with those for End of Life Care

**TABLE 1: Objective Definitions**

OBJECTIVE DEFINITION	MINIMUM SKILL AND KNOWLEDGE LEVEL
<b>Objective 1</b> - Improving public and professional awareness and understanding of dementia.	Health Improvement Awareness – to support possible early diagnosis Public Health Education Social Inclusion
<b>Objective 2</b> - Good-quality early diagnosis and intervention for all.	Early diagnosis Assessment Timely, accurate and competent diagnosis Development of diagnostic competence across a broad range of registered health professionals
<b>Objective 3</b> - Good-quality information for those with diagnosed dementia and their carers.	Information, Advice and Guidance Safeguarding – specifically young carers Mental Capacity Act Best Interest assessments
<b>Objective 4</b> - Enabling easy access to care, support and advice following diagnosis.	Expert Information, Advice and Guidance Understanding Care Pathways Mentoring Facilitation Advocacy Counselling
<b>Objective 5</b> - Development of structured peer support and learning networks.	Universal Learning Networks Communication Working with others Service Development Organisational Development Independent advocacy
<b>Objective 6</b> - Improved community personal support services.	Personalisation Awareness of Community Support mechanisms and networks Assistive technologies
<b>Objective 7</b> - Implementing the Carers' Strategy.	Carer awareness Carer's assessments Personalisation Safeguarding – specifically young carers Mental Capacity Act Best Interest assessments
<b>Objective 8</b> - Improved quality of care for people with dementia in general hospitals.	Leadership and management Defining care pathways Commissioning
<b>Objective 9</b> - Improved intermediate	Integrated working

care for people with dementia.	Re-ablement
<b>Objective 10</b> - Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers.	Telecare Housing Maintaining independence Personalisation
<b>Objective 11</b> - Living well with dementia in care homes.	Leadership and management Defining care pathways Commissioning Health Improvement
<b>Objective 12</b> - Improved end of life care for people with dementia.	Lift from EOLC Pathway
<b>Objective 13</b> - An informed and effective workforce for people with dementia.	To educate or develop staff and carers to the highest possible standards, encompassing the relevant National Occupational Standards and providing commissioners with the detailed information to specify appropriate dementia learning and development for the workforce and carers.
<b>Objective 14</b> - A joint commissioning strategy for dementia.	Joint commissioning strategy for dementia
<b>Objective 15</b> - Improved assessment and regulation of health and care services and of how systems are working for people with dementia and their carers.	Regulation CoP CQC Monitoring/audit/quality assurance
<b>Objective 16</b> - A clear picture of research evidence and needs.	Identifying best practice CPD Research skills
<b>Objective 17</b> - Effective national and regional support for implementation of the Strategy.	Awareness of national, regional and local strategy

**TABLE 2: Suggested Job Roles and Levels**

GROUPS	SUGGESTED JOB ROLES	RECOMMENDED LEVEL
A	Palliative Nurses	7/8
	Hospice Staff	7/8
	Nursing Home based Nurses	6/7
	Nursing Home Care Staff	3/4
B	Community Nurses	6/7
	District Nurses	6/7
	Hospital based Social Workers	5/6
	Extra Care Social Care Staff	3/4
	Supported Housing Care Staff	3/4
	Residential Care Staff	3
C	Social Workers	5/6
	Care Managers / Coordinators / Navigators	5/6
	Welfare Rights Officers	4/5
	Domiciliary Adult Placement Officers and Carers	3/4
	Care Staff	2/3
	Healthcare Assistants	2/3
	Personal Assistants	1/4
D	Carers	2
	Volunteers	2
	Health Trainers	1
	Caretakers	1
	Ancillary Workers	1

The group has mapped the behaviours to the job roles suggested in TABLE 2. In Appendix 1 - Qualification Summary identifies associated qualifications based on National Occupational Standards which are behaviour driven. It can be seen where behaviour elements are covered.

To do this mapping exercise the group broke down the 6 behaviours (Section 4.1) into elements listed within Appendix 2 – Summary of Behaviour Elements. This exercise enabled additional clarity to map the National Occupational Standards appropriately. To assist this process the table above sets out the recommended level of development that a member of staff employed in the named job role should achieve.

## Section 5: Available Qualifications

This section of the document details qualifications for those who work with patients or service users who have dementia.

### 5.1 Qualification Credit Framework (QCF) Qualifications

The National Qualifications Framework (NQF) was replaced by the Qualifications and Credit Framework (QCF) on 1st January 2011.

For the first time there is a specific dementia learning route within the Health and Social Care Diploma and also a discrete qualification for those who care for or work with people with dementia.

This should be of greater benefit to patients and service users with dementia as it means there is specific learning for members of staff and carers which will contribute to the quality of the care and support they receive and will be in the future delivered by care workers who are well informed, skilled, knowledgeable and able to deliver person-centred care. These learning outcomes will contribute to providing patients and service users with an increasing ability to live well with dementia at whatever stage of their condition and to be supported in all care settings.

The qualifications available within the QCF are listed in section 5.1.1.

#### 5.1.1 Awards

Award qualifications are short subject specific programmes. They are available at level 2 and level 3. There are 4 mandatory units in each and these are knowledge only. The Award provides the theoretical framework of person-centred dementia care. The Dementia Care Award qualification is equally suitable for learners either before they start work in the health or social care sector or with people with dementia or when they are already working with individuals with dementia and wish to extend their knowledge with a recognised, specific qualification.

**TABLE 3: The units required within the Level 2 and 3 Awards in Awareness of Dementia:**

Level 2 Award in Awareness of Dementia	Dementia Units			
All 4 units required to achieve Award	DEM201	DEM202	DEM205	DEM207
Level 3 Award in Awareness of Dementia	Dementia Units			
All 4 units required to achieve Award	DEM301	DEM305	DEM308	DEM310

**TABLE 4: The units required within the Level 2 and 3 Certificates in Dementia Care:**

Level 2 Certificate in Dementia Care	Units				
Mandatory Units	DEM201	DEM201	DEM209	DEM210	DEM211
Optional Units	1 or 2 units from a range across the Dementia, Health and Social Care, Learning Disability and Sensory Loss suite.				
Level 3 Certificate in Dementia Care	Units				
Mandatory Units	DEM301	DEM304	DEM312	DEM313	
Optional Units	1 or 2 units from a range across the Dementia, Health and Social Care, Learning Disability and Sensory Loss suite.				

### 5.1.2 Diploma in Health and Social Care

Health and Social Care workers who have a QCF Diploma in Health and Social Care qualification or an NVQ in Health and Social Care at the same level and want to extend their knowledge and/or skills in dementia care they could complete

- the specialist knowledge and/or competence based dementia units to extend knowledge and/or skills
- the level 2 or level 3 Award in Awareness of Dementia to extend knowledge
- the level 2 or level 3 Certificate in Dementia Care to extend knowledge and skills.

If a Health and Social Care worker does not have an NVQ in Health and Social Care, they will need to undertake a Diploma in Health and Social Care/Diploma in Clinical Healthcare Support, at either level 2 or level 3 and select the appropriate units identified for the Dementia pathway.

### 5.1.3 Higher Education Advanced Professional Development Academic Qualifications

There are several qualifications available within higher education for professional members of staff. These vary from Graduate Certificates through to Level 7 Postgraduate Certificates and Diplomas to full Masters Degrees and should be considered for professional members of staff within groups listed in TABLE 2 section 4.1.

Some examples of appropriate academic qualifications are listed below:

- Postgraduate Certificate in the Management of Long-term Health Conditions – Teesside University
- MSc. in the Management of Long-term Health Conditions – Teesside University
- MSc in Dementia Studies – University of Bradford
- MSc/Postgraduate Diploma/Postgraduate Certificate Dementia Studies – University of Stirling
- Graduate Certificate/Advanced Diploma/ BSc (Hons) Inter-professional Health and Social Care in Dementia – Canterbury Christ Church University.

This is not an exhaustive list.

## Section 6: Recommendations in relation to the National Dementia Strategy

Due to this work the group recommends that health and social care staff need to develop the required knowledge and competences to meet the requirements of the National Dementia Strategy. The following recommendations are made:

1. That level 2/3 education and training is prioritised.
2. That the following recommended routes are suggested as best practice for the health and social workforce in the North East of England.

In this section use of the qualifications for best practice is identified see break down within Appendix 1.

### 6.1 Utilisation of the Award in Awareness of Dementia Qualification

The Awards cover sections of the Dementia Strategy but are not complete and are knowledge only, it would be good practice for these qualifications to be utilised by those aspiring to work in the health and social care sector or as a progression to the competence based Certificates.

### 6.2 Utilisation of the Certificate in Dementia Care Qualification

The Certificates cover the vast majority of the objectives within the National Dementia Strategy. However with careful selection of the optional units they would cover all aspects with the exception of 'informed consent'. The level 2 certificate would also not cover 'safeguarding issues and report process and assessment mechanisms'. They serve as very good vehicles for Continuous Professional Development (CPD) for those who have completed an NVQ or the QCF Diploma in Health and Social Care.

Using Appendix 1 analysis of required unit coverage can be assessed, as not all candidates who have completed Health and Social Care qualification have completed the required units. For example a candidate must have completed HSC3048 (TABLE 5) to meet the National Dementia Strategy. Also Recognition of Prior Learning principles apply to all the units within TABLE 5. To meet the objectives within the National Dementia Strategy the following unit combination should be followed.

**TABLE 5: Unit Combination**

Level 2	All mandatory units	
	HSC3020	Facilitate person centred assessment, planning, implementation and review
	HSC3048	Support individuals at the end of life
	HSC2031	Contribute to support of positive risk-taking for individuals
	HSC3047	Support use of medication in social care settings
Level 3	All mandatory units	
	HSC3020	Facilitate person centred assessment, planning, implementation and review
	HSC3048	Support individuals at the end of life
	HSC3066	Support positive risk taking for individuals
	HSC3047	Support use of medication in social care settings

### 6.3 Utilisation of the Diploma in Health and Social Care Qualification

If a candidate was new to the role and was commencing work towards a Diploma in Health and Social Care, careful selection of option units would lead to complete coverage of the objectives within the National Dementia Strategy. The candidate would need to complete the units outlined in TABLE 6.

**TABLE: Unit Combination**

Level 2	All mandatory units	
	DEM 205	Understand the factors that can influence communication and interaction with individuals who have dementia
	DEM201	Dementia Awareness
	DEM207	Understand equality, diversity and inclusion in dementia care
	DEM204	Understand and implement a person centred approach to the care and support of individuals with dementia
	HSC3047	Support use of medication in social care settings
	HSC3048	Support individuals at the end of life
	HSC3038	Work in partnership with families to support individuals
Level 3	All mandatory units	
	DEM301	Understand the process and experience of dementia
	DEM310	Understand the diversity of individuals with dementia and the importance of inclusion
	DEM304	Enable rights and choices of individuals with dementia whilst minimising risks
	HSC3020	Facilitate person centred assessment, planning, implementation and review
	HSC3047	Support use of medication in social care settings
	HSC3048	Support individuals at the end of life
	DEM312	Understand and enable interaction and communication with individuals who have dementia

3. That learning support material or a programme is developed to deliver awareness level education and training to support staff identified in Group D identified in section 4.1, TABLE 2.

Qualification Summary

Qualification	Behaviours					
	Covered Well	Covered			No cover	
<b>L2 Award in Awareness of Dementia</b> Poor coverage	<b>1A</b>	2A	3A	4A	5A	<b>6A</b>
	<b>1B</b>	2B	3B	4B	5B	<b>6B</b>
	<b>1C</b>	2C	<b>3C</b>	4C		6C
	<b>1D</b>	2D	3D	<b>4D</b>		6D
	<b>1E</b>	2E	3E	4E		6E
		2F	3F	<b>4F</b>		
		<b>2G</b>	<b>3G</b>	4G		
			3H			
<b>L2 Certificate in Demnetia Care</b> If they complete the mandatory units and HSC3020,(person centred, HSC3048 (EoL), HSC2031 (risk taking) and HSC3047(Meds) the grid cover will be achieved apart from informed consent 4C, however it will exceed the minimum of 18 credits and will be 35 credits	<b>1A</b>	<b>2A</b>	<b>3A</b>	<b>4A</b>	5A	<b>6A</b>
	<b>1B</b>	2B	3B	<b>4B</b>	5B	6B
	<b>1C</b>	2C	<b>3C</b>	4C		6C
	<b>1D</b>	2D	<b>3D</b>	<b>4D</b>		6D
	<b>1E</b>	2E	<b>3E</b>	<b>4E</b>		6E
		2F	<b>3F</b>	<b>4F</b>		
		<b>2G</b>	<b>3G</b>	<b>4G</b>		
			3H			
<b>L3 Award in Awareness of Dementia</b> Poor coverage	<b>1A</b>	<b>2A</b>	3A	4A	5A	<b>6A</b>
	<b>1B</b>	2B	<b>3B</b>	4B	5B	6B
	<b>1C</b>	2C	<b>3C</b>	4C		6C
	<b>1D</b>	2D	3D	<b>4D</b>		6D
	<b>1E</b>	2E	3E	4E		6E
		2F	3F	4F		
		<b>2G</b>	<b>3G</b>	4G		
			3H			

<b>L3 Certificate in Dementia Care</b>  If they complete the mandatory units and HSC3020, (person centred, HSC3048 (EoL), HSC3066 (risk taking) and HSC3047(Meds) the grid cover will be achieved apart from 4C informed consent, however it will exceed the minimum of 18 credits and will be 37 credits	<b>1A</b>	<b>2A</b>	<b>3A</b>	<b>4A</b>	5A	<b>6A</b>
	<b>1B</b>	2B	<b>3B</b>	<b>4B</b>	5B	<b>6B</b>
	<b>1C</b>	2C	<b>3C</b>	4C		<b>6C</b>
	<b>1D</b>	2D	<b>3D</b>	<b>4D</b>		6D
	<b>1E</b>	2E	<b>3E</b>	<b>4E</b>		6E
		2F	<b>3F</b>	<b>4F</b>		
		<b>2G</b>	<b>3G</b>	<b>4G</b>		
			3H			

<b>L2 Diploma in H&amp;SC</b>  If they complete the mandatory units and for their options complete DEM 205 (comms), DEM 201 (awareness), DEM 207 (equal ops) from group B and DEM 204 (person centred), HSC3047 (Meds), HSC3048 (EoL) and HSC3038 (work with families) from group C then they will achieve a full diploma - Dementia pathway and have achieved 49 credits. (46 min requirement)	1A	<b>2A</b>	<b>3A</b>	<b>4A</b>	5A	<b>6A</b>
	<b>1B</b>	2B	3B	<b>4B</b>	5B	<b>6B</b>
	1C	2C	<b>3C</b>	<b>4C</b>		6C
	1D	2D	<b>3D</b>	<b>4D</b>		6D
	<b>1E</b>	2E	<b>3E</b>	<b>4E</b>		<b>6E</b>
		<b>2F</b>	<b>3F</b>	<b>4F</b>		
		<b>2G</b>	3G	<b>4G</b>		
			3H			

<b>L3 Diploma in H&amp;SC</b>  If they complete the mandatory units and for their options complete DEM 301 (understand Dem) and DEM310 (diversity) from group B and DEM 304 (enable rights), HSC3020 (person centred) HSC3047 (Meds), HSC3048 (EoL) and DEM312 (comms) from group C then they will achieve a full diploma - Dementia pathway and have achieved 60 credits. (58 min requirement)	<b>1A</b>	<b>2A</b>	<b>3A</b>	<b>4A</b>	5A	6A
	<b>1B</b>	2B	3B	<b>4B</b>	5B	6B
	1C	2C	<b>3C</b>	<b>4C</b>		6C
	1D	2D	<b>3D</b>	4D		6D
	1E	2E	<b>3E</b>	<b>4E</b>		<b>6E</b>
		<b>2F</b>	<b>3F</b>	4F		
		<b>2G</b>	3G	<b>4G</b>		
			3H			

<b>L2 Dip Clinical Healthcare Support</b>  Poor coverage, would need to top up with bespoke dementia training e.g. L2 Cert in Dementia Care	1A	<b>2A</b>	3A	4A	5A	6A
	1B	2B	3B	4B	5B	6B
	1C	2C	3C	<b>4C</b>		6C
	1D	2D	3D	4D		6D
	1E	2E	3E	4E		<b>6E</b>
		<b>2F</b>	3F	4F		
		2G	3G	4G		
			3H			

<b>L3 Dip in Clinical Healthcare Support</b> Poor coverage, would need to top up with bespoke dementia training e.g. L3 Cert in Dementia Care	1A	<b>2A</b>	3A	<b>4A</b>	5A	<b>6A</b>
	1B	2B	<b>3B</b>	<b>4B</b>	5B	6B
	1C	2C	<b>3C</b>	<b>4C</b>		6C
	1D	2D	3D	4D		6D
	1E	2E	3E	<b>4E</b>		<b>6E</b>
		<b>2F</b>	3F	4F		
		2G	3G	<b>4G</b>		
			3H			

<b>L5 Leadership in HSC &amp; CYP</b> Poor coverage, would need to top up with bespoke dementia training e.g. L3 Cert in Dementia Care	1A	2A	3A	4A	5A	6A
	1B	<b>2B</b>	3B	4B	5B	6B
	1C	<b>2C</b>	3C	4C		6C
	1D	<b>2D</b>	3D	4D		6D
	1E	<b>2E</b>	3E	4E		6E
		<b>2F</b>	3F	4F		
		2G	3G	4G		
			3H			

## Summary of Behaviour Elements

<b>Behaviour 1: Communication</b>	
A	In relation to Dementia, communicate with a range of people on a range of matters in a form that is appropriate to them and the situation.
B	Develop and Maintain communication with people about difficult and complex matters or situations related to Dementia
C	Present information in a range of formats, including written and verbal, as appropriate to the circumstances
D	Listen to individuals, their families and friends about their concerns related to dementia and provide information, advice, guidance and support
E	Work with individuals, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of dementia and recognising that their priorities and ability to communicate may vary over time
<b>Behaviour 2: Early Diagnosis, Assessment and Care Planning</b>	
A	Awareness and recognition of symptoms and need to investigate thoroughly and not dismissed
B	Understand the range of assessment tools, and ways of gathering information, and their advantages and disadvantages.
C	Assess symptoms using assessment tools, appropriate physical examination and relevant investigation.
D	Undertake/ contribute to multi-disciplinary assessment and information sharing.
E	Ensure that all assessments are holistic, including: Background Information Life Story Current mental health and prognosis Social/ occupational well-being Hydration and Nutrition Psychological and emotional well-being Religion and/ or spiritual well being, where appropriate. Culture and lifestyle aspirations, goals and priorities Risk and risk management The needs of families and friends including carers' assessments
F	Be aware of Safeguarding issues and report process and assessment mechanisms
G	Regularly review assessments to take account of changing needs, priorities and wishes, and ensure information about changes is properly recorded
<b>Behaviour 3: Maintaining Quality of Life Through Co-ordination</b>	
A	Dementia is a progressive illness and therefore care planning must be also progressive to respond to the changing need
B	Understand the significance of the individual's own perception of their symptoms to any intervention.
C	Understand that the underlying causes of dementia will have an impact upon how care should be delivered and ensure that such care is delivered in a manner that reduces the likelihood of crisis
D	Understand the range of therapeutic options available, including drugs, physical therapies, counselling, including post diagnostic counselling or other psychological interventions, complementary therapies, community or practical support and ensure these are all co-ordinated to reduce the likelihood of crisis
E	In partnerships with others, including the individual, their family and friends, develop a dementia care plan which balances disease specific treatment with other interventions that are delivered in a co-ordinated and supported manner that meets the needs of the individual and carer. To maintain quality of life
F	In partnership with others, implement, monitor and review the dementia care plan to ensure that there is appropriate co-ordination between all service in order to meet the needs of the individual and carer

G	Awareness of cultural and ethical issues that may impact on symptom management
H	Safe Administration of Medication
<b>Behaviour 4: Advance Care Planning</b>	
A	Demonstrate awareness and understanding of Advance Care Planning, and the times at which it would be appropriate and also take account of the specific stages of Dementia
B	Demonstrate awareness and understanding of the legal status and implications of the Advance Care Planning process in accordance with the provisions of the Mental Capacity Act 2005
C	Show understanding of informed consent, and demonstrate the ability to give sufficient information in an appropriate manner
D	Use effective communication skills when having Advanced Care Planning discussions as part of ongoing assessment and intervention
E	Work sensitively with families and friends to support them as the individual decides upon their preferences and wishes during the Advance Care Planning process.
F	Where appropriate, ensure that the wishes of the individual, as described in an Advance Care Planning statement, are shared (with permission) with other workers
G	When appropriate, know what the Advance Care Planning statement contains, and how this will impact upon an individual's care delivery
<b>Behaviour 5: Meeting Carers Needs</b>	
A	Assess carers and access carers in accordance with Carers Services and Recognition Act 1995
B	To provide relevant Information Advice and Guidance or signpost Carers and Volunteers to appropriate support and or training in line with their identified needs
<b>Behaviour 6: Overarching values and knowledge</b>	
A	In the context of Dementia care, understanding and knowledge of: One's own professional/ role boundaries Legal and Ethical issues – adherence to legislation and advisory guidance around e.g. Mental Capacity Act and the Mental Health Act. Professional codes of practice or conduct, and their impact on practice The role/ contribution of other workers and organisations to ensure leadership commitment, co-ordination and innovation The impact of one's own beliefs on practice Approaches to risk assessment, management and taking Approaches to and theories of change, loss and bereavement Social models of care, personalised and person-centred approaches
B	Personalised and person-centred practice that recognises the life story, circumstances, concerns, goal, beliefs and cultures of the individual, their family and friends, and acknowledges the significance of spiritual, emotional and religious support and the diversities in these regards that there might be between family or social group members.
C	Practice that is sensitive to the support needs of family and friends, including children and young people, both as part of Dementia, EoLC, and following bereavement
D	Awareness of the importance of contributing to evaluation and change of services, participating as appropriate, and of involving the people who use them in that process
E	Taking responsibility for one's own learning and continuing professional development, and contributing to the learning of others