



CHCAGE011

Provide support to
people living with
dementia

LEARNER GUIDE



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This Learner Guide

CHCAGE011 - Provide support to people living with dementia (Release 1)

This unit describes the performance outcomes, skills and knowledge required to provide person-centred care and support to people living with dementia. It involves following an established individualised plan.

This unit applies to workers in a residential or community context, including family homes. Work performed requires some discretion and judgement and may be carried out under direct, indirect or remote supervision.

The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian standards and industry codes of practice.

No occupational licensing, certification or specific legislative requirements apply to this unit at the time of application.

A complete copy of the above unit of competency can be downloaded from the TGA website:

<https://training.gov.au/Training/Details/CHCAGE011>

About This Unit of Competency Introduction

As a worker, a trainee, or a future worker, you want to enjoy your work and become known as a valuable team member. This unit of competency will help you acquire the knowledge and skills to work effectively as an individual and in groups. It will give you the basis to contribute to the goals of the organisation which employs you.

It is essential that you begin your training by becoming familiar with the industry standards to which organisations must conform.

This Learner Guide Covers

Provide support to people living with dementia

- I. Prepare to provide support to people living with dementia
- II. Use effective communication strategies
- III. Support the person to participate in activities according to the individualised plan
- IV. Use a strengths-based approach to meet the person's needs
- V. Complete documentation

Learning Program

As you progress through this unit of competency, you will develop skills in locating and understanding an organisation's policies and procedures. You will build up a sound knowledge of the industry standards within which organisations must operate. You will become more aware of the effect that your own skills in dealing with people have on your success or otherwise in the workplace. Knowledge of your skills and capabilities will help you make informed choices about your further study and career options.

Additional Learning Support

To obtain additional support you may:

- Search for other resources. You may find books, journals, videos and other materials which provide additional information about topics in this unit.
- Search for other resources in your local library. Most libraries keep information about government departments and other organisations, services and programs. The librarian should be able to help you locate such resources.
- Contact information services such as Infolink, Equal Opportunity Commission, Commissioner of Workplace Agreements, union organisations, and public relations and information services provided by various government departments. Many of these services are listed in the telephone directory.
- Contact your facilitator.

Facilitation

Your training organisation will provide you with a facilitator. Your facilitator will play an active role in supporting your learning. Your facilitator will help you at any time during working hours to assist with:

- How and when to make contact
- What you need to do to complete this unit of study
- What support will be provided.

Here are some of the things your facilitator may do to make your study easier:

- Give you a clear visual timetable of events for the semester or term in which you are enrolled, including any deadlines for assessments
- Provide you with online webinar times and availability
- Use ‘action sheets’ to remind you about tasks you need to complete, and updates on websites
- Make themselves available by telephone for support discussion and provide you with industry updates by email where applicable
- Keep in touch with you during your studies

Flexible Learning

Studying to become a competent worker is an interesting and exciting thing to do. You will learn about current issues in this area. You will establish relationships with other students, fellow workers and clients. You will learn about your own ideas, attitudes and values. You will also have fun. (Most of the time!)

At other times, studying can seem overwhelming and impossibly demanding, particularly when you have an assignment to do and you aren't sure how to tackle it, your family and friends want you to spend time with them, or a movie you want to see is on television.

Sometimes being a student can be hard.

Here are some ideas to help you through the hard times. To study effectively, you need space, resources, and time.

Space

Try to set up a place at home or at work where you can:

- Keep your study materials
- Be reasonably quiet and free from interruptions
- Be reasonably comfortable, with good lighting, seating, and a flat surface for writing

If it is impossible for you to set up a study space, perhaps you could use your local library. You will not be able to store your study materials there, but you will have a quiet place, a desk and chair, and easy access to the other facilities.

Study Resources

The most basic resources you will need are:

- A chair
- A desk or table
- A computer with internet access
- A reading lamp or good light
- A folder or file to keep your notes and study materials together
- Materials to record information (pen and paper or notebooks, or a computer and printer)
- Reference materials, including a dictionary

Do not forget that other people can be valuable study resources. Your fellow workers, work supervisor, other students, your facilitator, your local librarian, and workers in this area can also help you.

Time

It is important to plan your study time. Work out a time that suits you and plan around it. Most people find that studying in short, concentrated blocks of time (an hour or two) at regular intervals (daily, every second day, once a week) is more effective than trying to cram a lot of learning into a whole day. You need time to ‘digest’ the information in one section before you move on to the next, and everyone needs regular breaks from study to avoid overload. Be realistic in allocating time for study. Look at what is required for the unit and look at your other commitments.

Make up a study timetable and stick to it. Build in ‘deadlines’ and set yourself goals for completing study tasks. Allow time for reading and completing activities. Remember that it is the quality of the time you spend studying rather than the quantity that is important.

Study Strategies

Different people have different learning ‘styles’. Some people learn best by listening or repeating things out loud. Some learn best by ‘doing’, some by reading and making notes. Assess your own learning style and try to identify any barriers to learning which might affect you.

Are you easily distracted? Are you afraid you will fail? Are you taking study too seriously? Not seriously enough? Do you have supportive friends and family?

Here are some ideas for effective study strategies:

1. **Make notes.** This often helps you to remember new or unfamiliar information. Do not worry about spelling or neatness, as long as you can read your own notes. Keep your notes with the rest of your study materials and add to them as you go. Use pictures and diagrams if this helps.
2. **Underline keywords** when you are reading the materials in this Learner Guide. (Do not underline things in other people’s books.) This also helps you to remember important points.
3. **Talk to other people** (fellow workers, fellow students, friends, family, or your facilitator) about what you are learning. As well as help you to clarify and understand new ideas, talking also gives you a chance to find out extra information and to get fresh ideas and different points of view.



Using This Learner Guide

A Learner Guide is just that, a guide to help you learn. A Learner Guide is not a textbook. Your Learner Guide will:

1. Describe the skills you need to demonstrate to achieve competency for this unit.
2. Provide information and knowledge to help you develop your skills.
3. Provide you with structured learning activities to help you absorb knowledge and information and practice your skills.
4. Direct you to other sources of additional knowledge and information about topics for this unit.

How to Get the Most Out of Your Learner Guide

Some sections are quite long and cover complex ideas and information. If you come across anything you do not understand:

1. Talk to your facilitator.
2. Research the area using the books and materials listed under Resources.
3. Discuss the issue with other people (your workplace supervisor, fellow workers, fellow students).
4. Try to relate the information presented in this Learner Guide to your own experience and to what you already know.
5. Ask yourself questions as you go. For example, 'Have I seen this happening anywhere?' 'Could this apply to me?' 'What if...' This will help you to 'make sense' of new material, and to build on your existing knowledge.
6. Talk to people about your study. Talking is a great way to reinforce what you are learning.
7. Make notes.
8. Work through the activities. Even if you are tempted to skip some activities, do them anyway. They are there for a reason, and even if you already have the knowledge or skills relating to a particular activity, doing them will help to reinforce what you already know. If you do not understand an activity, think carefully about the way the questions or instructions are phrased. Read the section again to see if you can make sense of it. If you are still confused, contact your facilitator or discuss the activity with other students, fellow workers or with your workplace supervisor.

Additional Research, Reading, and Note-Taking

If you are using the additional references and resources suggested in the Learner Guide to take your knowledge a step further, there are a few simple things to keep in mind to make this kind of research easier.

Always make a note of the author's name, the title of the book or article, the edition, when it was published, where it was published, and the name of the publisher. This includes online articles. If you are taking notes about specific ideas or information, you will need to put the page number as well. This is called the reference information. You will need this for some assessment tasks, and it will help you to find the book again if you need to.

Keep your notes short and to the point. Relate your notes to the material in your Learner Guide. Put things into your own words. This will give you a better understanding of the material.

Start off with a question you want answered when you are exploring additional resource materials. This will structure your reading and save you time.

Introduction

Dementia describes a group of conditions related to an ongoing decline in brain function. The damage to or loss of nerve cells and their connection to the brain causes dementia. These conditions are usually associated with memory problems. However, they can also affect speech, movement, thought and behaviour. Dementia typically occurs in older people aged 65 and over. It is a condition that worsens over time. It usually leaves a person heavily dependent on others to live. In 2020, there were over 400,000 people diagnosed with dementia in Australia. This number is predicted to increase faster as the aged population grows.

Based on Australian Institute of Health and Welfare material. [Dementia in Australia](#), used under CC BY 4.0.

Dementia is a broad term that describes symptoms affecting memory, cognitive abilities, thinking, communication and the ability to carry out everyday activities. It is not a specific disease but a syndrome caused by various underlying conditions that lead to brain dysfunction. Dementia is most commonly associated with ageing but is not a normal part of the ageing process.

Certain forms of dementia can affect younger individuals, including those in their 40s, 50s and early 60s. Dementia occurring in younger individuals is referred to as 'young-onset dementia' or 'early-onset dementia'. This typically applies to individuals who are diagnosed with dementia before the age of 65. Different forms of dementia, including this, will be discussed in the latter part of the Introduction.

Note that dementia in younger individuals may be mistaken for other conditions initially, leading to delays in diagnosis. Regardless of age, any concerns about cognitive changes or memory problems should be discussed with a healthcare professional for proper evaluation and diagnosis.

Early signs of dementia can be easy to miss. Some may think they are just normal things that come with ageing, such as forgetfulness. These early signs include the following:

Frequent instances of memory loss

Confusion, such as entering a room but forgetting why

Sudden changes in personality

Decline in abilities to do everyday tasks

Dementia is a disease that exhibits a progressive decline. As it advances, the ability to execute fundamental functions may diminish.

Signs and Symptoms of Dementia

The initial indications of dementia often manifest subtly and might not be immediately apparent. Furthermore, early signs and symptoms can differ among individuals. Early signs of dementia encompass the following:

Experiencing forgetfulness of recent events

Misplacing or losing belongings

Becoming disoriented while walking or driving

Experiencing confusion, even in familiar surroundings

Losing awareness of time

Encountering challenges in problem-solving or decision-making

Struggling to engage in conversations or locate words

Encountering difficulties while performing familiar tasks

Experiencing errors in judging distances to objects visually

Types of Dementia

The following are the common types of dementia:

- **Alzheimer's disease**

Alzheimer's disease is a disorder that causes the death of brain cells. It is the most common form of dementia. A person with Alzheimer's disease experiences memory decline that worsens over time. They also experience a loss in social and physical skills. Symptoms of the disease may start with forgetting small things, like where a person has placed their keys. Then, it progresses to losing their memories of their family and childhood. Eventually, the person will no longer be able to do their daily tasks, such as eating and drinking.

The causes of Alzheimer's disease can be a combination of age-related changes in the brain, genetics and other head injuries or trauma. Some medications can slow down Alzheimer's disease symptoms. However, there is no known cure for this disease as of now. A person is more likely to develop this disease if they have a family member who also has it. Unfortunately, there is no proven way to prevent it. Living a physically and mentally active lifestyle may reduce its risks.

Signs and symptoms of Alzheimer's disease include the following:

Persistent and frequent short-term memory loss, particularly in recalling recent events

Repeatedly expressing the same thoughts or statements

Experiencing vagueness during everyday conversations

Notable alterations in planning, problem-solving, organisation and logical thinking abilities

Lengthier periods required for completing routine tasks

Facing challenges in language and comprehension, including difficulty finding the appropriate words

Escalating disorientation related to time, location and personal identity

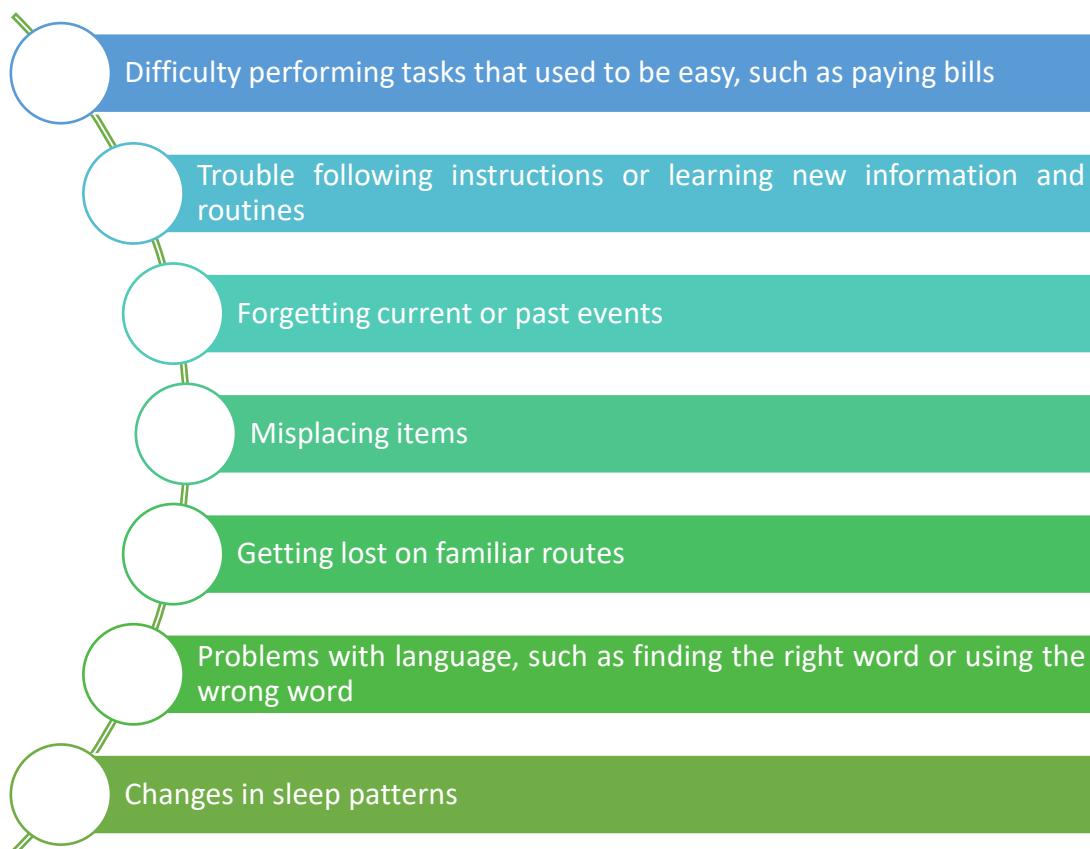
Encountering difficulties in motivation and initiating tasks

Observing shifts in behaviour, personality and mood

- **Vascular and multi-infarct dementia**

Issues with blood circulation cause *vascular dementia*. The brain does not get enough blood, preventing oxygen from entering it. Lack of oxygen leads to damage to the brain. Damage in the brain then leads to the symptoms associated with dementia.

Symptoms of vascular dementia include:



Based on [Vascular Dementia: Causes, Symptoms, and Treatments](#). © National Institute on Aging

Multi-infarct dementia is a form of vascular dementia. A series of strokes that cause brain damage causes this. This leads to language, memory and learning issues that progress over time. This type of dementia typically progresses slower than Alzheimer's disease. Symptoms can come with severe mood swings and depression. High blood pressure, smoking and unhealthy eating habits can increase the risk for this type of dementia.

■ Lewy body dementia

Lewy bodies are special proteins that affect chemicals in the brain. Lewy bodies in the brain cause Lewy body dementia. This leads to issues with thinking, mood and movement. Having a family history or developing Parkinson's disease could also cause this. Symptoms start showing at around 50 years old and include the ones listed on the table on the page.

| Area | Symptom |
|------------------|--|
| Cognitive | <ul style="list-style-type: none"> ▪ Loss of thinking abilities ▪ Constant changes in alertness and concentration ▪ Hallucinations |
| Movement | <ul style="list-style-type: none"> ▪ Stiffness of the muscles ▪ Shaking or tremors ▪ Balance and posture problems ▪ Difficulty swallowing |
| Behaviour | <ul style="list-style-type: none"> ▪ Depression or anxiety ▪ Lack of interest in regular activities ▪ Paranoia, or extreme fear and suspicion of others |

Based on [What Is Lewy Body Dementia? Causes, Symptoms, and Treatments.](#) © National Institute on Aging

- **Korsakoff's syndrome**

Alcohol abuse causes this memory disorder. This causes a vitamin B1 deficiency, which damages some parts of the brain. It often occurs together with a disease called 'Wernicke's encephalopathy'. Too much alcohol intake could also cause Korsakoff's syndrome.

Symptoms of Korsakoff syndrome include the following:

| Memory issues | Other issues |
|---|---|
| <ul style="list-style-type: none"> • Problems making new memories • Problems learning new things • Problems recalling old memories | <ul style="list-style-type: none"> • Tremors • Disorientation • Issues with vision |

These symptoms can be reversible if caught early. However, some memory loss may be permanent. Stopping alcohol intake is a way to stop or reverse symptoms. After this, old skills may return. The person can continue living a normal life with some assistance.

Based on [Wernicke-Korsakoff Syndrome.](#) © National Institute on Neurological Disorders and Stroke

- **Frontotemporal lobar degeneration (FTD)**

Damage to the following parts of the brain causes FTD, a form of dementia:

- **Frontal lobe** – This controls a person's ability to think, plan and control behaviour.
- **Temporal lobe** – This controls a person's language abilities and emotional responses.

Clumps of protein forming inside brain cells cause frontal and temporal lobe damage. The cause of protein clumps is still unknown, but people with a family history of FTD are more likely to develop it.

Symptoms of FTD include the following:



These symptoms start at an earlier age than other forms of dementia. Symptoms can show up as early as 45 years old in some people. Unfortunately, there are no treatments or ways to slow down the disease's progression.

Based on [What Are Frontotemporal Disorders? Causes, Symptoms, and Treatment](#).
© National Institute on Aging

- **Huntington's disease**

Huntington's disease is a disease that causes the death of brain cells in some areas of the brain. It is a genetic disorder, which means an abnormality in a gene causes it. A person with that gene abnormality has a strong chance of developing this disease.

Symptoms of this disease include the following:

- Uncontrolled muscle spasms
- Behavioural and emotional issues
- Speech and coordination issues, including problems with swallowing
- Seizures

These symptoms typically appear between 30 to 50 years old. Juvenile Huntington's disease can cause symptoms before a person turns 20. There is no cure or treatment for this disease. There is also currently no known medication to stop or reverse the symptoms. However, some medications can ease or relieve them.

Based on [Huntington's Disease](#). © National Institute on Neurological Disorders and Stroke

■ Parkinson's disease

Parkinson's disease is a brain disorder that causes movement issues, such as balance and coordination. It also causes shaking and stiffness, especially in the hands and legs. It may also cause issues with sleep, energy, memory and behaviour. Death of nerve cells that control movement causes these symptoms. These nerve cells produce the following special chemicals:

| Dopamine | Norepinephrine |
|------------------|-----------------------------------|
| Affects movement | Affects energy and blood pressure |

The exact cause of Parkinson's disease is still unknown. However, it is believed that environment and genetics contribute to disease development. Parkinson's disease is more common in men than in women. The symptoms first show up at around 60 years old. Few cases begin before the age of 50. There is no cure for this disease, but there are treatments that can relieve the symptoms. However, even with treatment, the disease will still progress.

Parkinson's disease has four main symptoms:

- Tremor in hands, arms, legs, jaw or head
- Muscle stiffness, where muscle remains contracted for a long time
- Slowness of movement
- Impaired balance and coordination, sometimes leading to falls

Based on [Parkinson's Disease: Causes, Symptoms, and Treatments](#). © National Institute on Aging

- **Younger onset dementia**

Younger onset dementia is a form of dementia that develops before the age of 65. It is also called ‘early-onset dementia’. This can be diagnosed as early as 19 years old. In some instances, dementia symptoms can appear in young children. Symptoms of this type of dementia are the same as other types of dementia. The main difference is in how it affects a person. This diagnosis can have a bigger emotional impact on younger people.

Young-onset dementia can present unique challenges, as the affected persons are often still in the workforce, caring for their families and may be in the midst of their productive years. This will cause major changes in their work, school or family lives. Early diagnosis and appropriate support are crucial for managing the symptoms and helping persons and their families adapt to the changes that come with the condition. All the other forms of dementia discussed above can cause younger onset dementia.

Signs and symptoms of younger onset dementia include:

Experiencing memory loss that disrupts daily activities

Facing difficulties in planning or solving problems

Struggling to complete familiar tasks at home, work or during leisure

Becoming confused about time or location

Encountering challenges with visual images and spatial relationships

Experiencing issues with speech and writing

Misplacing items and losing the ability to retrace steps

Exhibiting diminished or impaired judgement

Withdrawing from work or social engagements

Noticing shifts in mood and personality

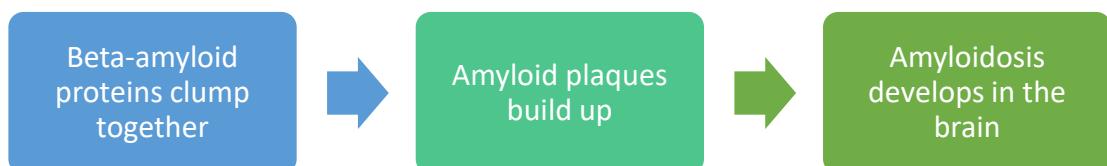
Pathological Features of Dementia



Pathological means related to a disease. Below are the pathological features common in people with dementia:

- **Amyloid plaques**

Amyloid plaques are clumps of beta-amyloid proteins that are found between nerve cells. These proteins cause damage to nerve cells and eventually kill them. The immune system cannot destroy these plaques as they gather in the brain. When too many of them gather, they will cause ‘amyloidosis’. This contributes to neurological diseases, such as dementia. The steps below show the effect of amyloid plaques on the brain:



- **Neurofibrillary tangles**

Neurofibrillary tangles are tangles of a protein called ‘tau’. These proteins help strengthen the insides of brain cells. They help the brain cells maintain their shape. In people with dementia, their tau proteins do not function properly. The proteins get tangled inside the cell, which weakens the brain cells. The tangles also prevent the cells from receiving important nutrients.

- **Loss of connection between cells and cell death**

Amyloid plaques and neurofibrillary tangles cause damage to brain cells. These brain cells connect the brain to other parts of the body. As more cells get damaged, the brain loses connection to the body. Eventually, these brain cells die, which causes large areas of the brain to shrink.

The brain controls all the other functions of a person's body. As brain cells die, a person begins to lose functions, such as language, memory and movement. Essentially, the body forgets how to perform its various tasks in keeping a person alive. This is why, at the end stage of dementia, a person no longer has control of many basic bodily functions. The graphic below shows the process of cell death in people with dementia:



Based on [What Happens to the Brain in Alzheimer's Disease?](#). © National Institute on Aging

Current Research on Dementia

Research on dementia is always ongoing. There have been major breakthroughs in dementia research over the years. In Australia, the *Dementia Australia Research Foundation* funds researchers focusing on dementia. They have a *Dementia Grants Program* that gives grants for research projects. These grants are important in supporting the research process. It allows researchers to look for answers that will help people with dementia. The researchers they fund are dedicated to researching different aspects of dementia, including the following:



Current Research on the Causes of Dementia

Current research suggests that there are different causes for the types of dementia. The following have also been associated with an increased risk of developing certain types of dementia. However, it is important to understand that not all cases of dementia are caused by these factors. The relationship between these risk factors and dementia can vary depending on the person and the specific circumstances.

Environmental factor

- Chemicals
- Injury

Health factor

- Alcohol
- Illicit drugs
- Heart health

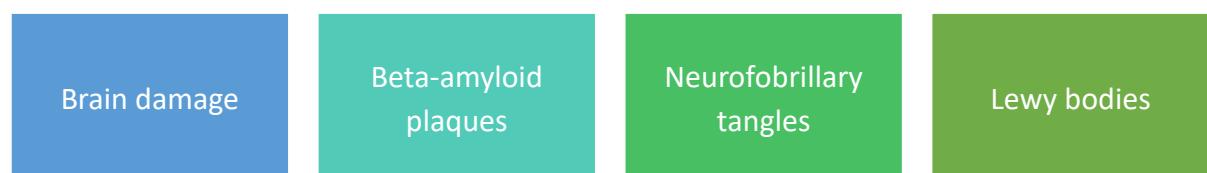
Genetic factor

- Environmental factors can play a role in the development of dementia, particularly when they contribute to brain damage or increase the risk of conditions that affect cognitive function. These factors can interact with genetic and other influences to impact brain health over time. It is important to note that while environmental factors can contribute to dementia risk, they are often just one piece of a complex puzzle.
 - **Chemicals** – Exposure to certain environmental toxins or chemicals may increase the risk of developing dementia. For instance, long-term exposure to heavy metals like lead, mercury or aluminium has been linked to cognitive impairments. Additionally, exposure to pesticides and other toxic substances may also play a role in some cases of dementia.
 - **Injuries** – Repeated traumatic brain injuries, such as those experienced in contact sports like football or boxing, have been associated with an increased risk of developing a neurodegenerative condition called chronic traumatic encephalopathy (CTE). CTE is characterised by cognitive impairment, mood changes and behavioural problems and is considered a form of dementia.

- Health factors can significantly influence the risk of developing dementia. While genetics play a role, research has shown that certain lifestyle choices and behaviours can substantially impact brain health and cognitive function. Adopting a healthy lifestyle can help reduce the risk of dementia and promote overall wellbeing.
 - **Alcohol** – Excessive alcohol consumption over a prolonged period can lead to alcohol-related brain damage, including a form of dementia known as alcoholic dementia or alcohol-related brain impairment. Chronic alcohol abuse can cause structural and functional changes in the brain, leading to cognitive deficits and memory problems.
 - **Illicit drugs** – The use of illicit drugs, such as cocaine, methamphetamine and heroin, can damage brain cells, impair cognitive function and increase the risk of mental health disorders. Long-term use of these substances can contribute to cognitive decline.
 - **Heart health** – The brain requires a healthy and efficient blood supply to function properly, and disruptions in this blood supply can contribute to cognitive decline and the development of dementia. Conditions like high blood pressure, high cholesterol and diabetes can increase the risk of cognitive decline and dementia. Managing these conditions through medication, lifestyle changes and regular medical check-ups is important.
- One of the main causes common to most types of dementia is genetics. Genes carry proteins containing the information that makes up every body part. You find these genes in each cell that makes up the human body. They are passed on to you from your parents. Abnormalities carry some diseases within genes. Parents can pass on these abnormalities to their children, which is how some diseases run in the family. A family history of dementia can raise the risk of developing the condition. In some cases, specific genetic mutations may be passed down from generation to generation, significantly increasing the likelihood of dementia within a family.

Note that while these factors can increase the risk of developing certain types of dementia, they are not the sole cause. Dementia is a complex condition influenced by a combination of genetic, environmental and lifestyle factors.

Other suggested causes of dementia are as follows:

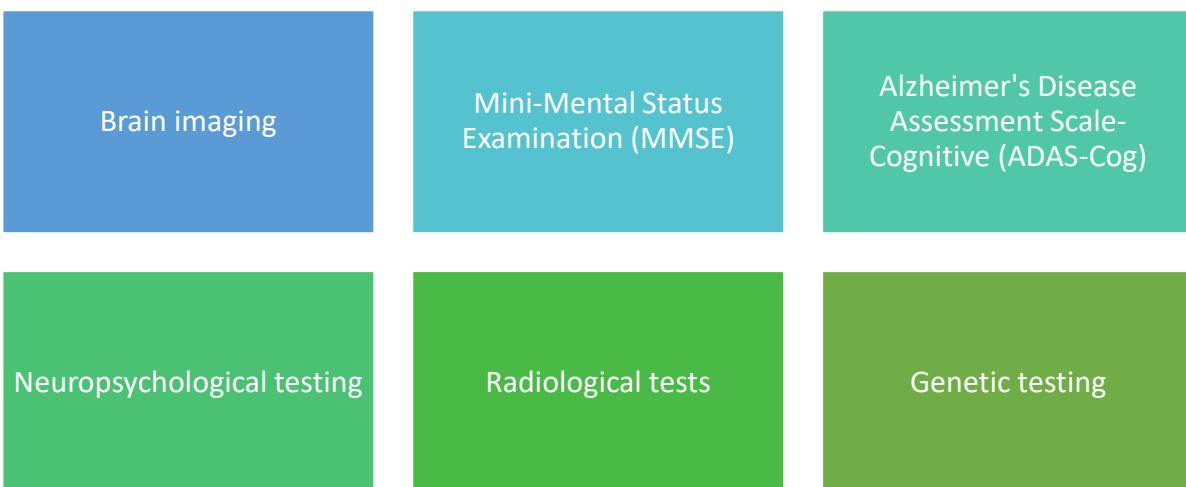


You have read about these causes in earlier discussions in this Introduction.

Current Research on the Diagnosis of Dementia

Researchers are trying to find better ways to diagnose dementia. Their aim is to someday predict dementia in people before the symptoms emerge. This may lead to strategies that can delay its devastating effects. Doctors depend on a series of tests and observations of symptoms for diagnosis. They also check a person's family history for any signs of dementia.

Research on dementia diagnosis focuses on several tests, including the following:



- **Brain imaging**

Brain imaging means taking scans of a person's brain. This allows doctors to see which parts of the brain are active and which are not. This also allows them to see if any portion of the brain is showing shrinkage.

Different brain imaging techniques are used to assess brain changes, diagnose conditions and rule out potential causes of dementia. These techniques play a crucial role in understanding the brain's structure, function and any abnormalities that might be present. These techniques include the following:

- **Computed tomography (CT or CAT) scan** – A CT scan involves using X-rays to capture multiple cross-sectional images of the brain from different angles. These images are processed by a computer to create a detailed 3-dimensional image of the brain. CT scans are commonly used to rule out other conditions that might cause dementia symptoms, such as strokes, brain tumours, multiple sclerosis or bleeding in the brain (haemorrhage). They can also show certain changes that might be indicative of specific types of dementia, including Alzheimer's disease. CT scans are quick, widely available and can provide valuable information about the brain's structure. They are especially useful for identifying acute conditions that might require immediate medical attention.

- **Magnetic resonance imaging (MRI)** – MRI uses powerful magnets and radio waves to create highly detailed three-dimensional brain images. It provides a more comprehensive view of brain structures and abnormalities compared to CT scans. MRI is often the preferred imaging technique for diagnosing dementia and related conditions. It can rule out treatable causes of dementia and reveal patterns of brain tissue loss. The distinctive patterns of brain changes can help differentiate between various forms of dementia, such as Alzheimer's disease and frontotemporal dementia.
- **Positron emission tomography (PET) and single-photon emission computerized tomography (SPECT)** – Both PET and SPECT involve injecting a small amount of radioactive material (tracer) into the patient. Detectors in the scanner then capture emissions from the brain, which are used to create visual images or measure blood flow. PET provides images of brain activity, offering insights into how different regions of the brain function. It can help identify areas of reduced brain activity associated with certain types of dementia. SPECT is used to measure blood flow to different brain regions, which can also provide valuable diagnostic information. PET and SPECT are particularly useful for assessing brain function and blood flow, providing complementary information to structural imaging techniques like CT and MRI.

▪ **Mini-Mental Status Examination (MMSE)**

MMSE is a brief cognitive screening tool used by doctors or specialists to assess various cognitive functions, including reading, writing, orientation (awareness of time and place) and short-term memory. It consists of a series of questions and tasks.

MMSE is commonly used as a quick initial assessment to detect cognitive impairments and changes in memory and cognitive abilities that might indicate the presence of dementia.



▪ **Alzheimer's Disease Assessment Scale-Cognitive (ADAS-Cog)**

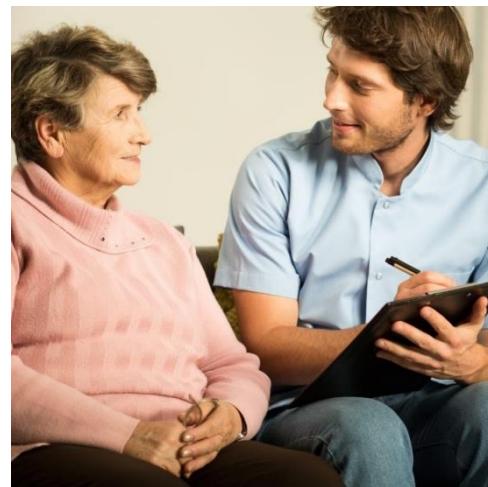
The ADAS-Cog is a more comprehensive cognitive assessment compared to the MMSE. It consists of 11 parts that evaluate memory, language skills, attention and other cognitive domains. It is particularly useful for persons with mild symptoms.

The ADAS-Cog is designed to provide a more detailed evaluation of memory and cognitive abilities, making it useful for tracking changes in cognitive function over time and assessing the progression of Alzheimer's disease.

- **Neuropsychological testing**

Neuropsychological testing involves a battery of sensitive and comprehensive tests administered by a neuropsychologist. These tests assess various cognitive functions, including memory, attention, language, reasoning and comprehension.

Neuropsychological testing provides a detailed and in-depth assessment of cognitive abilities and can help identify specific cognitive deficits and patterns associated with different neurological conditions, including dementia.



- **Radiological tests**

Radiological tests are imaging techniques that use X-rays to create images of internal structures of the body, including the brain.

These tests are used to rule out other conditions that might cause symptoms similar to dementia, such as brain tumours or other abnormalities. Chest X-rays are often performed to rule out lung cancer that might metastasise to the brain.

- **Genetic testing**

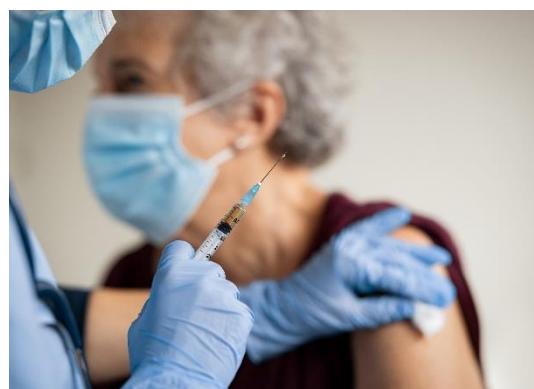
Genetic testing is a medical procedure that involves analysing a person's DNA, often extracted from blood or saliva samples, to understand their genetic makeup. It can identify specific genetic variations, mutations or markers that may be associated with certain health conditions, including those related to dementia.

Genetic testing can provide information about a person's genetic predisposition to certain diseases, including types of dementia, such as Alzheimer's disease. While it does not provide a definitive diagnosis, it can indicate whether an individual has an increased or decreased risk of developing the disease. It can be used to predict disease risk, investigate early detection methods, understand disease progression and explore how a person's genetic makeup interacts with treatment effects.

Genetic testing is not routinely used in clinical settings to diagnose or predict the risk of Alzheimer's or related dementias. It is typically considered when specific conditions apply, such as early onset of symptoms with a strong family history of dementia.

Current Research on the Treatment of Dementia

There is currently no known cure for dementia. However, researchers are working on finding effective treatments. These treatments aim to stop or slow down the progression of symptoms. The hope is that someday, a treatment will permanently cure them. Researchers are also looking into dementia prevention. Most of the research is focused on Alzheimer's, the most common type of dementia.



Here are some possible treatments in the very early stages of research:

| Treatment | Explanation |
|----------------------|--|
| Vaccine | <p>Researchers have been trying to develop an Alzheimer's vaccine for a long time. Unfortunately, vaccine trials have not been effective. The vaccine has even caused serious inflammation in the brains of a few participants.</p> <p>Recently, researchers have developed a safer vaccine that is awaiting trial.</p> |
| Immunotherapy | <p><i>Immunoglobulin</i> is a product of the human blood that contains antibodies. These antibodies fight against the beta-amyloid plaques that cause brain damage. Immunotherapy focuses on injecting the patient with immunoglobulin.</p> <p>This therapy has been successful in a very small trial. However, it needs more research before getting approval.</p> |
| Gene therapy | <p>Researchers inject genetically modified cells into a patient's brain in this therapy. These cells have been modified to withstand better and fix brain damage. The cells also contain a protein that helps cells grow. This protects the brain from shrinking or dying.</p> <p>Research on this is still in its early stages. However, it has shown signs of effectiveness. Researchers for other diseases are also looking into this type of therapy as a treatment.</p> |

Current Research on the Care for Dementia

Research on caring for people with dementia aims to improve their quality of life. It also aims to support their carers and aged care workers. Currently accepted research on improving quality of life includes the following:

- **Giving alternative therapies**

Using positive communication techniques

Helping with awareness of the present situation

Providing sensory experiences to engage the person's brain

- **Keeping the person active**

Exercising to maintain physical fitness and improve mood

Practising skills to prevent quick decline

- **Managing the person's behaviour**

Finding safe and effective medication

Using recreation and relaxation therapies

- **Supporting the carer**

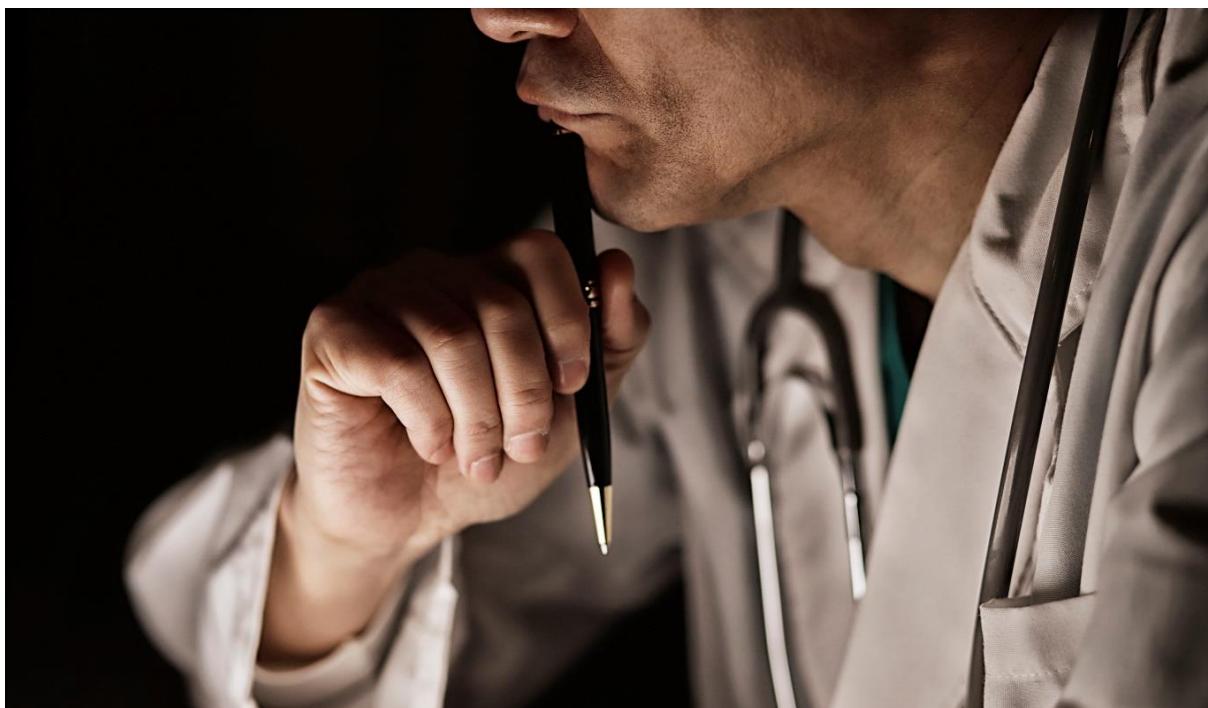
Providing relevant awareness education for carers

Providing emotional and financial support for carers

Providing support to people living with dementia is of paramount importance as it enhances their quality of life, preserves their dignity and fosters a sense of inclusion within their communities. By offering tailored care and understanding, caregivers and healthcare professionals help individuals navigate daily challenges, maintain independence and engage in meaningful activities.

In this learner guide, you will learn how to:

- Prepare to provide support to people living with dementia
- Use effective communication strategies
- Support the person to participate in activities according to the individualised plan
- Use a strengths-based approach to meet the person's needs
- Complete documentation



I. Prepare to Provide Support to People Living With Dementia

Supporting people with dementia comes with a lot of responsibilities. People with dementia can be highly dependent on others for daily support. This makes them vulnerable to not having their needs met. As an aged care worker, you will be trained on how to support people with dementia. This includes getting to know their needs and preferences. This also includes knowing the best practices relevant to caring for them.

It is important to know your job's legal and ethical considerations. This ensures that you do your job within the limits of the law. It also ensures that you meet the standards of care for older people. People with dementia fall under the aged care sector, so these laws and ethics apply to their care.

Human Rights Considerations

Human rights are rights and freedoms everyone enjoys, no matter who they are or what they do. The rights of older people are listed in the *United Nations Principles for Older Persons*. You can read it in the Further Reading section on the next page. The principles list 18 general rights for older people. These rights fall into the following categories:

Independence

Participation

Care

Self-fulfilment

Dignity

The Australian Government incorporates these rights in its legislation. Some laws and ethics help protect the rights of older people.

The *Charter of Aged Care Rights* lists people's rights in Australia's aged care. This Charter lists 14 rights of people in aged care. You will also find a link to the complete charter in the Further Reading section on the next page. These rights focus on protecting older people's safety, dignity and quality of life. Aged care providers provide their clients with a copy of this Charter. This ensures that older people are aware of their rights. These include the right to complain about inadequate care.

Below is an example of a legal and ethical requirement relevant to human rights:

| Legal requirement | Ethical requirement | How to comply |
|--|---|--|
| <p>Everyone, including clients living with dementia, is born free and equal in dignity and rights. These include the right to life, liberty and security. They should be free from any form of discrimination.</p> | <p>A healthcare worker must take appropriate and timely measures to minimise harm to clients when an adverse event occurs while providing treatment or care.</p> <p><i>Sourced from The National Code of Conduct for Health Care Workers (Queensland), used under CC BY-ND 4.0. © The State of Queensland (Queensland Health)</i></p> | <ul style="list-style-type: none"> ▪ Demonstrate respect for all clients and their families. ▪ Ensure clients, families and carers are informed about the service's feedback and complaints mechanisms. ▪ Demonstrate kindness, respect and politeness in all interactions with clients, families, carers and others. |

The *Aged Care Quality and Safety Commission Act 2018* aims to protect the rights of people in aged care. This Act established a commission that monitors aged care providers. This commission is called the Aged Care Quality and Safety Commission. The Commission ensures that providers meet the standards for aged care services. This Commission also ensures that care providers uphold the rights of their clients.

Their other tasks include the following:

Making yearly reports about the aged care sector

Maintaining privacy and confidentiality of people in aged care

Approving providers of aged care services

Deciding consequences for providers who do not meet the standards

Checking the quality of home or residential care facilities

Based on content from the Federal Register of Legislation at 27 October 2021.

For the latest information on Australian Government law please go to <https://www.legislation.gov.au>.

Aged Care Quality and Safety Commission Act 2018, used under CC BY 4.0.

Further Reading



You can read the full text of the documents in this discussion by accessing the links below:

[United Nations Principles for Older Persons](#)

[Charter of Aged Care Rights](#)

Codes of Conduct

A *code of conduct* lists the rules that workers must follow when doing their jobs. There are codes of conduct for people in different industries. There is no specific code of conduct for aged care workers, but there has been a proposal to make one. There was also a proposal to include aged care workers in the *National Code of Conduct for Health Care Workers*. However, not all who work in aged care are health professionals.

Some organisations and care providers have their own codes of conduct. These codes of conduct would typically relate to the following:

| | | |
|------------------------------------|---|-----------------------------|
| Performing tasks enthusiastically | Treating people with respect | Showing compassion |
| Being responsible for your actions | Maintaining privacy and confidentiality | Reporting abuse and neglect |

Codes of conduct consider the legal and ethical aspects of working with older people. These codes focus on ensuring that aged care workers provide the best care possible. They honour the rights of older people and provide for their needs.

Further Reading



Here is an example of an existing code of conduct created by the Australian College of Care Workers.

[Code Of Conduct for Care Workers](#)

For care providers, there are the *Aged Care Quality Standards*. These standards are the requirements that care providers must meet. The *Aged Care Quality and Safety Commission* created these standards. They cover the rights of older people. They also cover the services provided by people working in aged care. All aged care providers must meet these standards. Here is a summary of the standards:

| Standard | How to comply |
|--|--|
| Dignity and choice | <ul style="list-style-type: none"> ▪ Treat people with respect. ▪ Value people's culture and diversity. ▪ Support people to make decisions for themselves. |
| Ongoing assessment and planning | <ul style="list-style-type: none"> ▪ Consider risks to people's wellbeing when providing care. ▪ Assess people's conditions when planning for care. ▪ Evaluate the organisation's services for effectiveness. |
| Personal and clinical care | <ul style="list-style-type: none"> ▪ Provide people with the best care to meet their needs. ▪ Monitor people's condition and respond to changes. ▪ Control health risks related to infection. |
| Services and support for daily living | <ul style="list-style-type: none"> ▪ Provide services such as food, exercise and recreation. ▪ Ensure the provided meals are healthy and good. ▪ Ensure the provided equipment is safe and updated. |
| Organisation's service environment | <ul style="list-style-type: none"> ▪ Ensure the environment is safe and comfortable. ▪ Provide accessible furniture and equipment. ▪ Provide people with opportunities to move freely. |
| Feedback and complaints | <ul style="list-style-type: none"> ▪ Encourage people and their carers to give feedback and express complaints. ▪ Resolve complaints from people. ▪ Improve services based on people's feedback. |

| Standard | How to comply |
|----------------------------------|---|
| Human resources | <ul style="list-style-type: none"> ▪ Hire enough workers to provide care for every person. ▪ Train workers so that they have the required qualifications. ▪ Evaluate workers regularly to ensure good performance. |
| Organisational governance | <ul style="list-style-type: none"> ▪ Create a safe and inclusive organisational culture. ▪ Manage the organisation well. ▪ Establish good risk management plans. |

Further Reading



You can read more about the eight quality standards in the fact sheet linked below:

[Aged Care Quality Standards fact sheet](#)

Knowing the expected conduct of aged care workers will guide you in performing your tasks. In working with people with dementia, you must remember to have empathy and patience. Keep in mind the fear and frustration they must be feeling when interacting with them. You should do as much as you can to ensure their dignity and respect their rights.

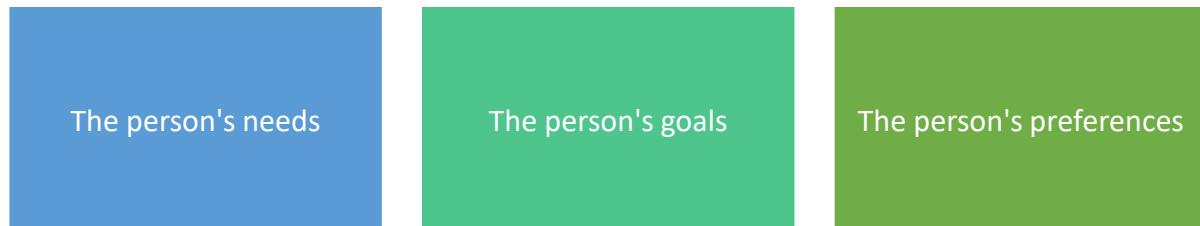
The rest of this chapter will discuss how to learn about and interact with people with dementia. You will read about identifying which tasks are within your job role and which are not. These things are important in helping you prepare to support people with dementia. This is a job that requires a lot of preparation, so you should know what to expect.

In this chapter, you will learn how to:

- Identify the specific needs and preferences of the person based on individualised plan
- Interact with the person using person-centred care approaches
- Provide and maintain a stable and familiar environment to support the person's wellbeing
- Identify and refer situations outside job scope
- Recognise and report signs of abuse or neglect

1.1 Identify the Specific Needs and Preferences of the Person Based on Individualised Plan

An *individualised plan* is a document provided for those receiving aged care services. A care team creates this plan with the older person and their carer. They discuss the services that the person will receive, such as medication or therapy. They also discuss the challenges and interests of the person. Aside from background information, an individualised plan would usually contain the following:



Specifically, the individualised plan should answer the following questions:

- **The person's needs**
 - What activities do they need help with?
 - What kind of help do they need?
 - When and where will they receive that help?
 - Who will provide that help for them?
- **The person's goals**
 - What are the person's short-term and long-term goals?
 - How will they achieve those goals?
 - What help do they need to achieve those goals?
- **The person's preferences**
 - What are the things that the person likes?
 - What activity does the person enjoy doing?
 - When and how does the person prefer to receive services?

You need to read the individualised plan of the person you are supporting. The individualised plan serves as a reminder about what the person wants and needs. It also helps you get to know the person because, ideally, they would take part in preparing the individualised plan. You should read the individualised plan carefully and refer to it when providing care.

Identifying Needs and Preferences From the Individualised Plan

The needs and preferences of people with dementia vary. This is why you should familiarise yourself with the individualised plan of each person. Identifying their needs will help you provide the appropriate support for them. Identifying their preferences will help you keep them engaged and happy.

To familiarise yourself with someone's needs, you should identify their difficulties. Then, identify how you can help with those difficulties. These needs will determine the kind of support you need to provide. Once you start doing these tasks regularly, you will become familiar with them. Here are some examples:

| Person's difficulties | Needs associated |
|--|---|
| The person has difficulty with medication management. | <ul style="list-style-type: none"> ▪ The person needs help with taking the correct type and amount of medication. ▪ The person needs help with taking medication at the correct time. |
| The person has difficulty with the process of brushing their teeth. | <ul style="list-style-type: none"> ▪ The person needs prompting for when to brush their teeth. ▪ The person needs help with the steps in brushing their teeth. |

You can also read the individualised plan to familiarise yourself with a person's preferences. This allows you to tailor your services to what they like instead of doing what they dislike. For example, the person you support needs to walk daily for at least an hour to exercise. If the person prefers to be indoors, you can walk with them in the hallways or on a treadmill. If the person prefers to be outdoors, you can walk with them in the garden or around the neighbourhood. Catering to their preferences will make them more likely to look forward to activities.

The Implication of Dementia on Accommodation

The progression of dementia brings about significant psychosocial implications for a person's accommodation. In the early stages of dementia, maintaining independence at home is often feasible. Person-centred care recognises the individual's preferences and routines, enabling them to follow their established daily regimen. This approach entails thoughtful adjustments within their home environment, such as ensuring safety by decluttering and minimising slippery surfaces. Incorporating visual cues, like calendars and reminders, aids in preserving their sense of control and autonomy.



As dementia advances, adjustments become more intricate. A person's living situation may evolve to include a spouse, family member or aged care worker providing support. For those requiring more comprehensive care, a transition to a residential facility could become necessary. Person-centredness remains paramount in these transitions. It ensures that the person's needs, preferences and unique experiences are at the forefront of decision-making. Adapting the physical environment of a residential facility to mirror familiar cues can alleviate anxiety and enhance the person's comfort.

As a support worker, understanding the various forms of dementia and their nuanced impact is crucial. Tailoring care to match the specific challenges posed by the person's form of dementia ensures that interventions are effective and compassionate. Safely and sensitively caring for individuals with dementia necessitates knowledge, empathy and adaptability. Equally important is recognising the emotional toll that dementia caregiving can take on both the person and their caregivers. Implementing self-care strategies and seeking support are essential components of maintaining one's physical and mental wellbeing.

In your role, whether in in-home care or residential settings, embracing person-centred principles fosters a sense of familiarity and security for individuals with dementia. Engaging clients in meaningful activities within their communities enhances their social connection and quality of life.

The type of residential facility plays a crucial role in providing appropriate care and support for individuals with varying levels of needs, including those with dementia. These facilities cater to specific requirements:

Low-level care residential facilities

High-level care residential facilities

Dementia-specific units

- **Low-level care residential facilities**

Low-level care facilities are designed for individuals who are still mobile but require some assistance with daily activities. These facilities are funded by the Australian Government and are well-suited for individuals needing help with personal care, housekeeping tasks, shopping, cooking and medication management. Accommodation typically consists of bed-sitting rooms with private or shared bathroom facilities. Low-level care facilities aim to promote independence while offering the necessary support.

- **High-level care residential facilities**

High-level care residential facilities provide around-the-clock nursing care and support. These facilities are staffed by nurses, assistants or personal care assistants and are best suited for individuals in advanced stages of conditions like dementia or those with complex medical needs. The Australian Government funds all high-level care facilities, ensuring that residents receive comprehensive care, medical attention and support tailored to their specific health requirements.

- **Dementia-specific units**

Dementia-specific units are specialised units within residential facilities designed specifically to meet the needs of individuals with dementia. These units can be categorised as either low-level or high-level care based on the intensity of care provided. Dementia-specific units offer a safe and supportive environment tailored to the unique challenges posed by dementia. They are particularly beneficial for individuals who may not be safely accommodated in general residential facilities due to their specific care needs related to dementia.

The Aged Care Assessment Team (ACAT) is responsible for assessing the person's care needs. They will evaluate the level of care required, recommend suitable types of residential care and provide information about potential facilities.

The assessment process by ACAT is crucial. The ACAT team will assess the individual's care requirements, considering factors like cognitive abilities, mobility and overall health. Based on this assessment, they will recommend appropriate types of residential care and provide a list of potential facilities that match the person's needs.

In supporting people living with dementia, your tasks may include the following:

Assist with the daily living activities

Ensure the safety of the person

Help the person maintain their daily routines

Keep the person socially stimulated

Keep carers and family members updated on the person's condition

Observe and record changes in the person's health, mood and behaviour



Checkpoint! Let's Review

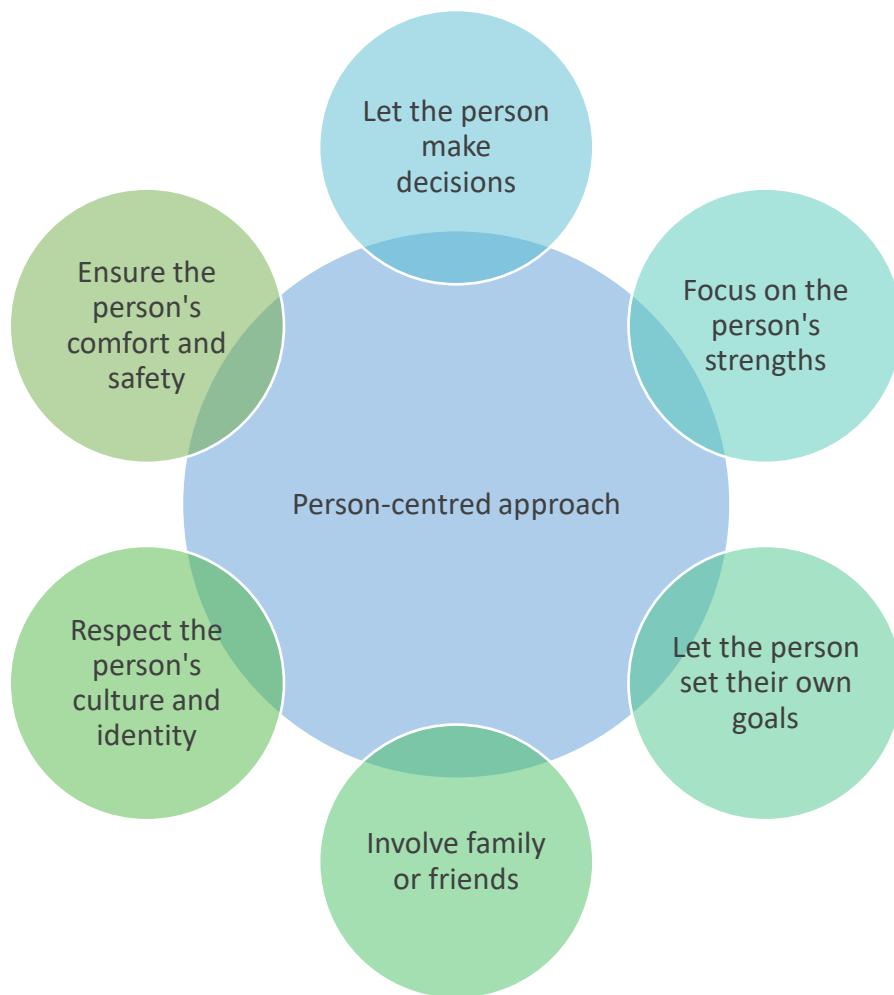
1. An individualised plan lists the needs and preferences of a person receiving care. Aged care workers can refer to this plan to see what support they should provide.
2. Knowing a person's needs and preferences allows you to provide quality services. You can tailor your care to each specific person based on their individualised plan.

1.2 Interact With the Person Using Person-Centred Care Approaches

Person-centred approaches are strategies that focus on the person's strengths. The goal of a person-centred approach is to support a person instead of 'fixing' them. The person-centred concept aims to protect a person's rights and dignity. It means providing care designed specifically to meet their wants and needs. This approach sees people as individuals with needs, not as problems to solve.

1.2.1 Principles of a Person-Centred Practice

Use a person-centred approach to support people with dementia. In providing person-centred care, you should consider the following principles:



Based on [What is a person-led approach?](#), used under CC BY 4.0. ©

State of New South Wales NSW Ministry of Health. For current information go to www.health.nsw.gov.au.

A person-centred practice is a practice that:

Supports the person at the 'centre of the service', to be involved in making decisions about their life

Takes into account each person's life experience, age, gender, culture, heritage, language, beliefs and identity

Requires flexible services and support to suit the person's wishes and priorities

Ensures that people are acknowledged as the experts in their life with a focus on what they can do first and any help they need second

Includes the person's support network as partners

Using a person-centred approach is important. This approach respects the rights and dignity of a person. It does not see the person as just a recipient of care but as an active member in planning it. This means they have more power to make sure the care they get meets their needs and preferences. To use a person-centred approach correctly, you must get to know the person well. Build a trusting relationship with them so that they are comfortable with you. It is crucial to adapt your strategies to the person's unique needs, preferences and circumstances rather than expecting the person to conform to predetermined methods.

The person-centred approach is becoming more common in sectors that involve care. It is slowly replacing the traditional approach, which gives the person less power over their care. Below are some differences between the traditional and person-centred approaches:

| Traditional | Person-centred |
|--|---|
| Service is based on clinical or medical advice. | Service is based on the individual's personal goals and preferences. |
| Care strategies prioritise the management of illness and medical conditions. | Support and care strategies focus on improving the overall quality of life of the person. |

An example of a traditional approach is the *institutionalised model of support*. The support happens within a clinic, hospital or other kinds of facility. This model gives more control to the care facility in directing support provided to a person. On the other hand, the person-centred model of support gives the individual more control over their life. This includes how the specialist care system supports them.

Consider these examples to differentiate traditional and person-centred care:

| Traditional approach | Person-centred approach |
|---|--|
| The person's care team determines that they can no longer live independently at home. The care team decides to transfer the person to a residential facility. | The person's care team has observed that the person is having a hard time living independently. They discuss with the person the option of moving to a residential facility. The person considers their options and agrees to transfer. |
| The person begins showing signs of sudden aggressive behaviour. The person's doctor prescribes strong medication to control the person's moods. The person takes the medication at the prescribed time and amounts daily. | The person begins showing signs of sudden aggressive behaviour. The care team collaborates with qualified healthcare professionals to conduct a thorough assessment, analysing potential underlying causes for the behaviour. This assessment considers medical, psychological and environmental factors. The care team engages in open discussions with the person and their caregiver, providing them with accurate information about evidence-based interventions, which may include therapeutic strategies, counselling and, if deemed appropriate by a healthcare provider, medication. The goal is to ensure the safety and wellbeing of the individual while making informed decisions that address the root causes of the behaviour and offer effective support. |
| The person wants to join a community activity. The person's aged care worker enrolls them in a painting class in a nearby community centre. They chose it because the class is close to the person's home. It also fits into the person's schedule. | The person wants to join a community activity. The person's aged care worker asks them what kind of activity they want to do. The aged care worker then searches for activities based on the person's interests. The person and their aged care worker discuss the options. They also figure out transportation, cost and schedule details together. |

Both approaches aim to help the person receiving care. However, the traditional approach focuses more on the decisions of an 'expert'. They are the ones who make decisions to address an issue. Meanwhile, in the person-centred approach, the person is involved in making decisions.



Person-centred approaches follow the fundamental belief that every person possesses inherent value. In aged care, these approaches prioritise upholding the autonomy and dignity of older people, ensuring a genuine sense of worth and respect. They empower older people to exercise their right to make decisions about their lives and access the necessary support. By adopting person-centred approaches, you can actively cultivate a deep sense of value and dignity for older people, guided by understanding their personal perspectives on what gives meaning and importance to their lives.

Using a Person-Centred Approach to Support the Rights of the Person

A person-centred approach is fundamental to upholding the rights of individuals. The following are strategies for applying a person-centred approach to support the rights of the person:

- Person-centred care begins with recognising the person's autonomy. This involves acknowledging their right to decide about their own life, care and treatment. Caregivers should provide information, options and support. This enables the individual to make informed choices that align with their values and preferences. This may involve discussing care plans, medical interventions and daily activities and seeking their input to ensure their autonomy is upheld.
- Engage the person in all decisions that affect their life. This could involve discussions about living arrangements, social activities, healthcare choices and even meal preferences. In a person-centred approach, decisions are made collaboratively, taking into account the person's wishes and involving them in the planning process. This empowers the person and recognises their right to participate in matters that concern them.
- Respecting a person's right to privacy and confidentiality is essential. Caregivers should ensure that personal information is handled discreetly and that the person's dignity is preserved. Sharing information with the person's consent, maintaining confidentiality and creating private spaces for discussions contribute to upholding this right.

- A person-centred approach prohibits any form of coercion, abuse or exploitation. Caregivers should actively work to create a safe and supportive environment where the person is free from physical, emotional or financial harm. Recognising signs of potential abuse, addressing concerns promptly and advocating for the person's wellbeing are crucial aspects of upholding this right.
- Caregivers play a vital role in advocating for the person's rights. This includes ensuring that they have access to information about their rights, available services and support options. Caregivers should help individuals exercise their rights by providing information, assisting with documentation and connecting them with relevant resources.

Using a Person-Centred Approach to Support the Dignity of the Person

A person-centred approach is inherently aligned with preserving and enhancing the dignity of individuals, particularly in caregiving settings. It emphasises recognising the intrinsic worth of each person and treating them with the utmost respect and sensitivity. The following are strategies for applying a person-centred approach to support the dignity of the person:

- Communication is a cornerstone of dignity. Caregivers should communicate with kindness, patience and attentiveness. Listening actively and valuing the person's thoughts, feelings and perspectives demonstrate respect for their dignity. Avoid interrupting, speaking down to or displaying dismissive attitudes that may undermine their sense of self-worth.
- Upholding dignity involves giving the person a sense of control over their life. Caregivers should involve them in decision-making, even in routine matters. Providing choices—such as clothing options, meal preferences, or daily activities—allows them to maintain a sense of autonomy and contribute to decisions that affect their wellbeing.
- Tailoring care plans to the person's needs and preferences is key to preserving dignity. Recognise that each person is unique and has their own life history, values and aspirations. You need to design care plans that take into account their background, cultural sensitivities and personal preferences. This ensures that their care experience aligns with their identity and dignity.
- When providing assistance with personal care tasks, such as bathing, dressing or toileting, prioritise maintaining the person's dignity. Always seek their consent and communicate clearly about the care tasks being performed. Use respectful and gentle techniques, maintain privacy and provide options for modesty whenever possible.



- Encouraging and supporting the person's independence is crucial for preserving dignity. Identify opportunities for them to engage in activities that align with their abilities and interests. Offer assistance when needed, but also allow them to complete tasks independently to the best of their abilities, promoting a sense of accomplishment and self-worth.
- Acknowledge the person's emotions and validate their feelings. Empathise with their experiences and challenges, showing that you understand and care about their wellbeing. Validation and empathy contribute to a sense of being heard and valued, fostering a positive emotional connection and enhancing their dignity.
- Ensure that the physical environment is conducive to the person's comfort and wellbeing. Maintain cleanliness, organisation and safety. Consider sensory sensitivities, lighting, noise levels and personal space to create an environment that respects their dignity and promotes a sense of security.
- Encourage social interactions and connections that help the person feel valued and included. Foster meaningful relationships with family, friends and peers, and provide opportunities for engaging in social activities that align with their interests and abilities.

Consider the case study below as an example:

Frank

Frank, a vibrant 60-year-old with younger-onset dementia, had dedicated his life to shaping young minds as a high school teacher. His strong belief in education and the value of teaching had been central to his identity. However, as dementia began to impact his memory and physical abilities, Frank faced difficult decisions about his career.

Feeling the weight of forgetting lessons and struggling with the demands of teaching, Frank chose to retire. This transition led to a sense of diminished self-worth and a feeling of disconnect from the world he had once enriched. Recognising the importance of preserving Frank's sense of purpose and independence, his dedicated care worker stepped in.

Together, they explored avenues for Frank to continue contributing to his community. The care worker introduced the idea of volunteering, suggesting that Frank share his knowledge and passion with the younger generations. They identified a fulfilling opportunity at a local daycare, where Frank could teach reading and counting to children for two hours a day, two days a week. This arrangement resonated with Frank, rekindling his excitement about teaching and learning.

Beyond the joy of teaching, Frank's care worker highlighted the cognitive benefits of this endeavour, keeping his mind engaged while nurturing young minds. The case study emphasises the significance of this dialogue between Frank and his care worker, illustrating their shared commitment to his wellbeing and fulfilment.

In this scenario, the care worker used a person-centred approach. They did that by:

Recognising the person's identity and values

Communicating empathetically and respectfully to the person

Collaborating with the person to make decisions

Exploring meaningful opportunities

1.2.2 Person-Centred Approaches to Activities

You can use person-centred approaches to identify activities for people with dementia. You can give them activities that will improve their quality of life. These activities can help achieve the following:

- Enhance self-esteem and pleasure
- Minimise boredom
- Create a sense of personal value and self-worth

Activities That Enhance Self-Esteem and Pleasure

As a person with dementia navigates the complexities of their condition, it can impact their self-esteem and sense of control. While some individuals may experience changes in their abilities and memories, the nature of dementia is diverse, and not all individuals undergo the same journey. For some, maintaining certain memories and abilities is possible. However, many people with dementia do encounter challenges in managing their cognitive and physical functions, which can evoke feelings of fear and frustration. Implementing person-centred approaches becomes pivotal in providing support, allowing individuals to retain a sense of autonomy. This tailored approach recognises and respects the unique experiences and needs of each person, fostering an environment where dignity and empowerment are upheld.

In person-centred approaches, you focus on what the person can do, not what they cannot do. Here are some examples of how you can do that:

- Acknowledge the things that they can recall or be prompted about
- Be supportive when they encounter memory challenges
- Start the day by doing something they are good at
- Give encouragement every time they make progress
- Let them do things on their own as much as possible

Using person-centred approaches can also enhance pleasure. Person-centred approaches focus on the interests and desires of the person. This means you should focus on doing things that bring them joy. Doing the things that make them happy will help boost their morale. It will motivate them to go through their day and work on improving their skills. Here are some examples of activities that enhance self-esteem and pleasure:

| Enhance pleasure | Enhance self-esteem |
|--|--|
| <ul style="list-style-type: none"> ▪ If they enjoy walking outside and looking at plants, try doing that with them daily. ▪ If they enjoy watching sports, support and encourage them to watch sports with other people. | <ul style="list-style-type: none"> ▪ If building things makes them proud, give them opportunities to build things. ▪ If helping others makes them proud, give them options for volunteer activities. |

Activities That Minimise Boredom

People living with dementia may experience a lot of boredom. This is because they may no longer be able to do as much as they used to. Some activities may not be safe for them anymore, or they may have lost the skills for those activities. It is a common sentiment among older individuals, including those with dementia, to seek more fulfilling ways to spend their time, fostering a desire for meaningful activities that align with their present abilities and interests.

Being idle tends to affect a person's physical and mental health negatively. People need stimulation to keep their minds active and boost their moods. You can use person-centred approaches to find activities that will minimise boredom. Here are some ways you can do that:

Identify the activities that the person enjoys.

Identify which activities the person can still do safely.

Find support for those activities if needed.

Give the person options for activities they can do.

Support the person's decisions.

If you can provide activities that the person enjoys, they will be less bored. They will also be more active, which will improve their health. In doing these, remember that giving people the power of choice is the most important thing. This includes respecting their right to discontinue an activity if they do not like it anymore.

Offering activities aligned with a person's interests can effectively alleviate boredom and foster increased engagement. This, in turn, contributes to enhanced physical and cognitive wellbeing. It is important to prioritise empowering individuals by granting them the autonomy to choose activities that resonate with them. Equally significant is recognising their right to cease any activity if it no longer holds appeal for them. This approach ensures that the person remains at the centre of decision-making and maintains control over their daily experiences.

Examples of activities that minimise boredom depend upon the person's preferences. They can include the following:

| For people who enjoy movies | For people who enjoy sports | For people who enjoy the outdoors |
|--|--|--|
| <ul style="list-style-type: none"> • Movie screenings • Movie discussion clubs | <ul style="list-style-type: none"> • Watching sports live or on TV • Playing adaptive sports with others | <ul style="list-style-type: none"> • Fishing or hiking on low slopes • Camping or birdwatching |

Activities That Create a Sense of Personal Value and Self Worth

Self-worth is similar to self-esteem. It is how the person sees their own worth. It involves acknowledging the person's deservingness of love and positivity, reflecting a fundamental belief in personal worthiness. Correspondingly, *personal value* interrelates with these notions, signifying the assessment of one's own significance. This evaluation hinges upon a person's interpretation of 'worth' or 'value'.

A person's self-worth or personal value depends on how they view the concept of 'worth' or 'value'. Some people may connect their self-worth to their ability to work, the amount of money they have or their ability to help other people. For older individuals, their self-worth and personal values might undergo changes. The process of growing reliant on others can impact their self-perception, potentially leading to a diminished sense of worthiness and personal value.

A person-centred approach would focus on finding activities that increase personal value. For an aged care worker, the initial step involves comprehending the factors that imbue the person's life with a sense of value. Similarly, identifying activities that bolster self-worth is equally important.

Activities that create a sense of personal value make the person feel useful. They could be activities where the person gets to help others, such as volunteer work. Meanwhile, activities that increase self-worth make a person feel confident. These can be activities where they can show off something they have accomplished.

Activities fostering a perception of personal value grant individuals a sense of purpose and utility. These often encompass opportunities for altruistic engagement, such as volunteer work. Activities aimed at elevating self-worth contribute to heightened confidence and self-assurance, frequently involving showcases of personal accomplishments. In essence, a person-centred approach actively seeks to tailor engagements that nurture a deepened sense of personal significance and bolstered self-esteem.

Here are some examples of activities that a person with dementia can do:

| Activities that create a sense of personal value | Activities that create a sense of self-worth |
|---|---|
| <ul style="list-style-type: none"> ▪ Helping in public daycare centres ▪ Walking dogs in animal shelters ▪ Participating in park cleanup activities ▪ Preparing meals for homeless shelters | <ul style="list-style-type: none"> ▪ Making art and displaying them in a gallery ▪ Engaging in talent shows with other older people ▪ Telling stories about their life to other older adults or children ▪ Teaching a skill they have to others |



Checkpoint! Let's Review

1. A person-centred approach focuses on the strengths of the person receiving care.
2. A person-centred approach gives the person more control over the care they receive.
3. Using a person-centred approach can enhance a person's self-esteem and self-worth. It can also reduce their boredom and encourage them to be more active.
4. Use a person-centred approach in all your interactions with people with dementia. Remember to make them feel important and involved in their care.

1.3 Provide and Maintain a Stable and Familiar Environment to Support the Person's Wellbeing

A person's environment is made up of the things, people and culture that surround them. Both the physical and social environment are important for their wellbeing. For any person, a good environment should be able to do the following:

Meet the person's needs

Make the person feel safe

Make the person feel supported

For people with dementia, their environment is even more important. They are experiencing a lot of changes within their bodies. It will cause them more distress if their environment is unstable or unfamiliar. Their surroundings should be consistent, and the people around them should be dependable. This will help bring some comfort to them as they go through the progression of their disease. This is why it is important to ensure a stable environment for them. In this subchapter, you will learn what makes a stable environment and how that impacts support. You will also learn how to help create a stable environment for the people in your care.

A stable and familiar physical environment for people with dementia ensures the following:

- **It must accommodate their physical needs.**
 - It must be wide and open enough for wheelchairs and walkers to pass through.
 - It must be free from clutter and other dangerous objects they can trip over.
 - It must have minimal sharp edges they can hit if they are prone to falling.
 - It must have furniture that is comfortable for them.
- **It should not have too much stimulation.**
 - It must be free from very loud noises.
 - It must not have overly bright lights.
 - It must not have too many people or animals around.
- **It should allow them to navigate independently as much as possible.**
 - It must have clear signs and pictures so they can identify where they are.
 - It must have equipment and facilities they can easily use.

A stable and familiar social environment for people with dementia ensures the following:

- **It should provide mental stimulation.**
 - It must offer opportunities for them to socialise.
 - It must offer activities that they can do.
 - It must allow them to keep their minds active.
- **It should provide emotional support.**
 - It must have people who understand how to interact with them.
 - It must have easily accessible aged care workers to help meet their needs.
 - It must be surrounded by people who are patient and comforting.
- **It should uphold their rights.**
 - It must protect them from abuse and discrimination.
 - It must allow them to make choices and take control.

Providing a Stable and Familiar Environment

A stable environment is consistent. This means unexpected changes in that environment are rare. Living in a stable environment creates a sense of security. Any changes that happen are gradual and not sudden. A familiar environment is one that a person knows how to navigate. It is an environment where a person is already comfortable.

You should communicate with the person, their family, carer or others involved in their life and care to provide a good environment for them. To do that, you can consider the following factors of communication:

Rapport

- You must build relationships with the person or others to improve trust.

Structure

- Communication must be a two-way trade of information between you and the person.

Empathy

- You must be more understanding of how the person or others are feeling to ensure that they are satisfied with the service provided to them.

Information

- You must ensure to answer the questions and clarify the uncertainties of the person or others.

You should communicate with the person, their family, carer or others involved in their life and care to provide a good environment for them where you can do the following:

Get to know the person and what they are comfortable with.

Identify the kind of environment the person has lived in most of their life.

Ask about the needs and preferences of the person.

Ask if there are things from the person's old environment that you can bring to their new one.

Ask the person and their carer if they can help identify possible issues.

Address issues pointed out during the consultation.

Once you have communicated with them, you will be able to identify ways to provide a stable and familiar environment. This may include the following:

| Providing a stable environment | Providing a familiar environment |
|--|--|
| <ul style="list-style-type: none">▪ Avoid moving things around when they already know where to find them.▪ Inform the person of upcoming changes. These include new structures, routines or people. | <ul style="list-style-type: none">▪ Establish a routine with them.▪ Put up signs around the place to help them navigate.▪ Avoid sudden changes, such as transferring them to a new room without warning. |

Maintaining a Stable and Familiar Environment

After establishing a good environment, you must maintain it for the person in your care. This helps keep the environment consistent and familiar. Lack of maintenance might cause gradual changes in the environment. Eventually, the environment may no longer be effective. To maintain a familiar environment, you can do the following:



Check with the person regularly if they are okay with their environment.

Keep the environment uncluttered and not too busy.

When adding something new to the environment, guide the person through it for a few days.

Consult with their carer, family or others involved in their life and care before making any adjustments to the environment.

To maintain a stable environment, you can do the following:

- **Review the environment to evaluate its effectiveness.**
 - Identify if there are areas that the person struggles to access.
 - Identify if there are people or situations that make the person uncomfortable.
 - Ask the person's carer to look out for potential environmental dangers.
- **Adjust the environment as the person's disease progresses.**
 - If the person is having more mobility issues, move things for easy access.
 - If the person is having trouble recalling where they are, add more signs to prompt their memory.
 - If the person is experiencing more mood issues, surround them with the things they like.



Multimedia

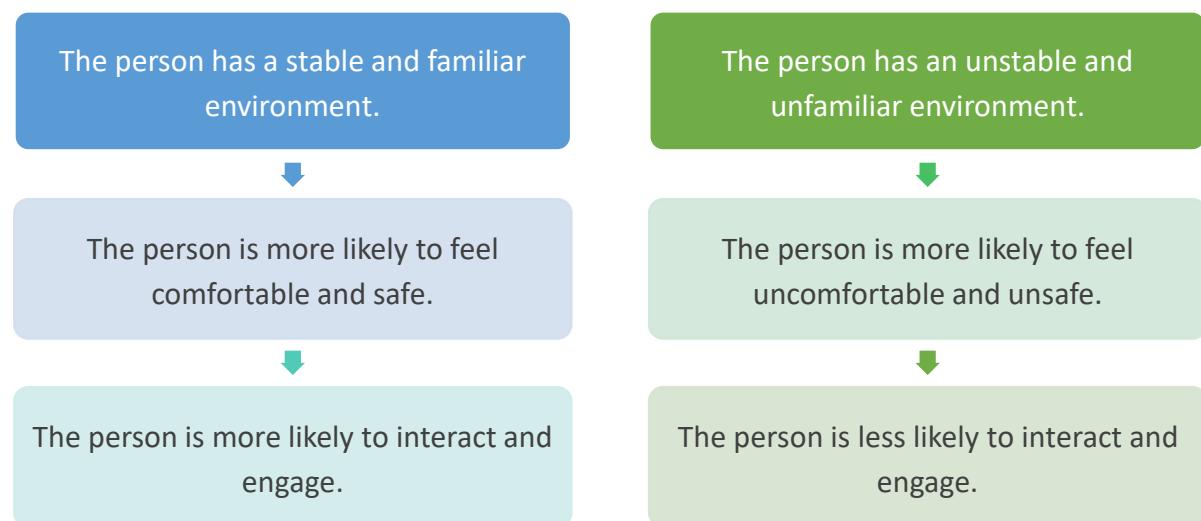
The video below explains how the physical environment can affect people living with dementia and how the environment can be improved.

[Physical Environment & Dementia | NPT Reports | Aging Matters](#)

1.3.1 Impact of the Person's Environment

A person's environment impacts them in a lot of ways. The environment a person grows up in influences their personality and development. A person who lives in a positive environment may feel safe and confident. Meanwhile, a person who lives in a negative environment may feel insecure and fearful. The environment of the people in your care can impact how they interact and engage.

The graphic below summarises the process of how the environment impacts a person living with dementia:



Supporting a Person to Interact and Engage

A person's environment impacts how you can support them to engage with it. They may require less direct support if you provide them with a good environment.

How does the environment affect the kind of support you need to give? Consider the examples in the table below:

| Type of environment | Supporting people in that environment |
|---|---|
| A conducive physical environment encourages a person to engage and explore. Feelings of safety and comfort within the environment foster a sense of security. | <ul style="list-style-type: none"> ▪ Encourage them to interact by encouraging them to explore their environment. Take them to areas or spaces that they might enjoy. ▪ Keep their minds engaged by asking them questions about the environment. |
| A bad physical environment makes a person feel unsafe. They may feel more fearful and prefer to limit themselves to their safe spaces. This will make them less willing to engage with the world around them. | <ul style="list-style-type: none"> ▪ Encourage them to interact by minimising the risks in the environment. ▪ Encourage them to explore and engage by staying close to them. Listen to their fears, validate their feelings and give them encouraging words. |
| A good social environment encourages people to interact with others. The people around them make them feel accepted. This makes them more open to talking to people and participating in the community. | <ul style="list-style-type: none"> ▪ Introduce them to the people in their surroundings and community. This will give them more opportunities to interact with others. ▪ Let them engage in community activities with different groups of people. |
| A bad social environment makes people more avoidant of those around them. The people might make them feel unwelcome or confused. This limits their opportunities for socialisation. | <ul style="list-style-type: none"> ▪ Promote awareness of dementia and how to interact with people living with it. ▪ Promote interaction by helping the person identify people they feel comfortable with and introducing them to those individuals. ▪ Give praise and encouragement whenever the person engages with the community. |

The table below discusses the impact of each aspect of a person's physical environment:

| Aspect | Impact |
|------------------------------|--|
| Cleanliness and order | A clean and well-organised environment can reduce confusion and discomfort for individuals with dementia. A clean space helps them keep track of where everything is. If the area is clutter-free, it may cause them less stress. Cleanliness will also prevent small accidents, such as slipping or stepping on something. |
| Colours and patterns | You can use colours to help a person with dementia navigate better. Contrasting colours will help them see things. For example, it will be easier for them to spot a red cup and toothbrush on a white sink. Busy or complicated patterns may cause confusion. They may also cause a visual overload for the person. Simple patterns, on the other hand, can be relaxing for them. |
| Lights and sounds | Well-lit areas can help make a person feel safe. It also helps them with navigating their spaces. Incorporating soothing music can promote a calm atmosphere and reduce the risk of agitation. Choosing familiar music can enhance their wellbeing and bring them joy. |
| Furniture | Adapted furniture can help people with dementia navigate independently. You can read about adapted furniture in Section 3.5.1. Furniture that is free of sharp edges reduces the likelihood of serious injury. |
| Spaces for mobility | Spaces between walls and furniture should be wide enough for people to walk through. This helps the person with mobility and independence. It also reduces the likelihood of them bumping into things. |

To create a physical environment that has a good impact on a person, you can use the following strategies:

- Keep the area clean and free from clutter.
- Use contrasting colours to make their things easier to find. Avoid using busy or complicated patterns in their decorations.
- Keep the area well-lit but not too bright. Also, keep background noises low and soothing.
- Look into the use of adapted and safe furniture.
- Ensure that there is enough space for people to navigate.

The table below discusses the impact of each aspect of a person's social environment:

| Aspect | Impact |
|--|--|
| People in general (e.g. neighbours and staff) | Creating a supportive circle of compassionate individuals around a person with dementia enhances their comfort and wellbeing. Access to reliable assistance ensures their needs are effectively met, contributing to a sense of security. Additionally, familiar faces reduce the likelihood of agitation and promote a reassuring environment for them. |
| Peers | If a person sees that other older people look happy and healthy, it may encourage them. They may feel safer and realise that they will also be cared for. Being surrounded by peers may also help with their socialisation. It may decrease loneliness and feelings of isolation. |
| Aged care workers | Competent aged care professionals play a vital role in every facet of an older individual's life, tending to their diverse needs while nurturing a sense of independence. The presence of capable aged care workers can contribute to a heightened sense of security for the person. This fosters a feeling of reassurance. Through this support, individuals can experience a boost in their confidence. This will enable them to navigate their daily lives more assuredly. |
| Family | A supportive family plays a significant role in a person's journey with dementia. Family support is a source of encouragement throughout the progression of the disease, fostering a sense of security and affection. Moreover, the presence of family members can contribute to the individual's overall wellbeing. Family members may also offer financial assistance to ensure the person's needs are met. This collective support system serves to enhance the person's quality of life and enrich their experience amid the challenges posed by dementia. |

To create a social environment that has a good impact on a person, you can use the following strategies:

- **Perform diligent care and relationship building.** As an aged care worker, your dedication to monitoring the person's health and overall wellbeing is crucial. Establishing a strong rapport with them fosters comfort and trust, enhancing their sense of security.

- **Foster shared interests.** Facilitate connections with like-minded individuals who share the person's interests. Explore options such as clubs or online communities that align with their passions and will provide opportunities for meaningful engagement.
- **Assist the person in socialising with others.** Take them to community spaces where they can safely interact with other people. Teach them how to make use of video calls to talk to friends from far away.
- **Keep in touch with the person's family.** Encourage the person's family to visit more often, as their presence can contribute to the person's wellbeing.

Checkpoint! Let's Review



1. A person's environment should support them and meet their needs.
2. A person's physical environment should be accessible and stable. Their social environment should be accepting and familiar.
3. It is important for you to provide and maintain a good environment for people with dementia.
4. The environment can have an effect on the person's willingness to interact and engage.



1.4 Identify and Refer Situations Outside Job Scope

As a care worker, it is important to know the scope of your role. When working with people with dementia, you should know what you are and are not qualified to do. You should also know the roles of other people in your workplace. Understanding your job role enables you to identify situations outside of it. Understanding the role of others helps you refer situations to the correct people.

In the introduction of this unit, you read about the different tasks you may have as an aged care worker. These tasks will vary depending on your specific role. Below are some examples of aged care workers, plus their roles and responsibilities:



- **Home care workers**

- They visit the person's home to check on them and assist with their errands.
- They stay with the person full-time in their home.
- They observe the person's disease progression and report it to the care manager.
- They bring the person to their therapies and treatments.

- **Residential care workers**

- They keep the person's family informed on the person's condition and progress.
- They provide opportunities for the person to join group activities.
- They ensure that the person goes to their therapies and treatments.
- They facilitate visits with friends and family members.

- **Health professionals**

- They monitor the person's health, including taking temperature and blood pressure.
- They administer the person's medication.
- They provide end-of-life care if needed.

Identifying Situations Outside of Your Job Scope

To identify situations outside of your job scope, you must first determine the limits of your role. You must confirm your responsibilities and expectations with your supervisor to do this. Ideally, your supervisor will tell you what your responsibilities are upon hiring. You can also clarify with them by asking about the following:

Tasks you can perform

Tasks you cannot perform

Activities in a typical work day

Main responsibilities

Immediate supervisors

Once you know your responsibilities, you can identify what is outside your job scope. For example, suppose you are a residential care worker with the following responsibilities:

- Assist in the feeding and hygiene activities of the person every day.
- Take the person outside for fresh air every morning for two hours.
- Take the person to the common area every afternoon for socialisation.
- Prepare the person for visitors whenever needed.
- Write a daily report of your observations about the person.

Given these responsibilities, you can see which tasks you cannot perform. Below are some examples of situations that are outside of your responsibilities:

- The person has gotten aggressive and is throwing things at people. You need someone who can moderate the situation and calm them down.
- The person needs to undergo a blood test. You need someone who is qualified to draw blood.
- The person needs to do exercises to strengthen their arms and legs. You need someone qualified to provide physical therapy.

If you perform the tasks in these examples, you may end up causing harm to the person. That is why it is important to know the limits of your role.

Referring Situations to the Relevant Personnel

When you identify tasks you are not qualified to do, you should know how to refer them to someone else. You might have to refer these situations to your supervisor. They will then decide who can handle each specific situation. You might also have to refer situations to a health professional. Knowing to whom to refer a situation ensures that it gets handled appropriately. To refer situations to relevant personnel, you should know the following:

The roles of others

The organisation's referral policies

The organisation's referral procedures

- **The roles of others**

- Identify who is responsible for a task.
 - Refer the situation to your supervisor or a health professional.

- **The organisation's referral policies**

- Identify the rules your organisation follows when it comes to referring situations outside your job scope.
 - Learn about who you must inform in the organisation when making a referral for a situation outside your job scope.

- **The organisation's referral procedures**

- Identify the steps your organisation follows when referring to situations outside your job scope.
 - Keep a record of the referral for official purposes.

The following is a sample policy and procedures relevant to referral.

| Referral policy and procedures |
|---|
| Policy |
| Procedures |
| <p>This organisation is committed to providing comprehensive and holistic care for persons with dementia. Referral processes are established to ensure timely access to appropriate services, support and expertise while maintaining the person's dignity, safety and wellbeing.</p> |
| <ol style="list-style-type: none"> 1. Identification of referral needs <ol style="list-style-type: none"> i. In consultation with the individual and their family, care staff assess the individual's care needs and potential requirements for specialised services. ii. Identify potential challenges, behavioural concerns, medical conditions or other factors that may necessitate referral. 2. Consultation with the multi-disciplinary team (MDT) <ol style="list-style-type: none"> i. If a need for referral is identified, involve the MDT comprising medical practitioners, social workers, psychologists and other relevant professionals. ii. Collaboratively discuss the potential benefits, risks and options for referral. 3. Selection of referral services <ol style="list-style-type: none"> i. Based on the MDT's recommendations and the person's preferences, select appropriate referral services such as geriatric specialists, neurologists, psychiatric services, community support programs and respite care. ii. Consider the unique needs of persons with dementia and ensure referrals are tailored to their cognitive and behavioural status. 4. Communication and consent <ol style="list-style-type: none"> i. Obtain informed consent from the person (if capable) or their authorised representative before initiating any referrals. ii. Provide clear and understandable information about the purpose, benefits and potential outcomes of the referral. |

| Referral policy and procedures | |
|--------------------------------|--|
| Procedures | |
| | 5. Coordination of referral |
| | <ul style="list-style-type: none"> i. Assign a designated staff member responsible for coordinating the referral process. ii. Initiate contact with the chosen referral service and provide the necessary documentation, medical history and behavioural observations. |
| | 6. Monitoring and follow up |
| | <ul style="list-style-type: none"> i. Maintain ongoing communication with the referral service to track progress and address any emerging concerns. ii. Periodically review the effectiveness of the referred service in meeting the individual's needs. |



Checkpoint! Let's Review

1. You need to know the limitations of your job role. This ensures that you do not perform tasks you are not qualified to do.
2. You will sometimes come across situations outside of your job scope. You should know how to refer these situations to the correct people.
3. You should know your organisation's policies and procedures for referring tasks.

1.5 Recognise and Report Signs of Abuse or Neglect



As an aged care worker, ensuring the safety of the persons under your care is of paramount importance. People with dementia may face challenges in advocating for their own safety. Consequently, they depend on you to protect them from abuse and neglect. In this subchapter, you will read about the different forms of abuse, neglect and exploitation. It also discusses the legal and ethical requirements for reporting incidences. Finally, you will learn how to recognise signs of abuse and neglect and report them. These are important in your duty to protect the rights of the people in your care.

Recognising signs of abuse and neglect is necessary for you to act immediately. It would be best to learn how to spot abuse and neglect in people with dementia. You should also know your organisation's policies and procedures for reporting. These are important in protecting the physical and mental safety of the people in your care. Missing signs of abuse and neglect will further harm people with dementia.

Abuse and Its Forms

Abuse is when someone in a position of power takes advantage of another person. A person experiences abuse when they are a victim of violence or cruelty. Within the context of aged care, it is crucial to recognise that abuse can manifest in various forms, including by those in caregiving roles such as aged care workers or even family members. People with dementia are particularly susceptible to abuse due to their diminished capacity to comprehend or recollect instances of mistreatment. Their reliance on others for daily necessities further heightens their vulnerability. It is your responsibility to ensure their protection and wellbeing by actively preventing and addressing any potential abuse.

Here are some examples of why people with dementia are more vulnerable to abuse:

Impaired coordination

- The person's compromised coordination may lead to accidental injuries, which could be wrongly dismissed as harmless mishaps.

Reported threat from family member

- A person with dementia may express fear or perceived threats from a family member, but such claims might be dismissed as delusions due to their cognitive condition.

Assistance with bathing and dressing

- The need for assistance in bathing and dressing might be exploited by a caregiver, who could use this situation as a pretext for inappropriate behavior.

There are different forms of abuse that a person with dementia may experience. Below are the common forms of abuse:

| Form of abuse | Examples |
|------------------------|--|
| Physical abuse | <ul style="list-style-type: none"> Hitting or slapping the person Shoving or yanking the person forcefully Forcing the person to take medications or take illegal drugs |
| Emotional abuse | <ul style="list-style-type: none"> Yelling or threatening the person Humiliating the person or unfairly blaming them Isolating the person from their support system |
| Financial abuse | <ul style="list-style-type: none"> Stealing the person's money or belongings Blocking the person's access to their money or belongings |
| Sexual abuse | <ul style="list-style-type: none"> Touching the person inappropriately Forcing the person to do sexual acts Forcing the person to watch sexual acts |

Neglect and Its Forms

Neglect is a form of abuse where a carer fails to meet the needs of a person in care. It means depriving a person of their basic rights. It can be equally detrimental as the other forms of abuse, as it also harms the person directly. Neglect can be either physical or emotional. Below are examples of both forms of neglect:

- **Physical neglect**

- Not providing a person with food, water or shelter
- Not getting the person's medical attention when needed
- Not giving the person clothing appropriate for the season

- **Emotional neglect**

- Ignoring the person or not speaking to them for a long time
- Refusing to visit the person in their home or residential facility
- Not expressing affection or care for the person

Exploitation and Its Forms

Exploitation is unfairly benefiting from someone's work or possessions. For example, if a person with dementia is persuaded to sign over their financial assets to a stranger under false pretences, that would be considered exploitation. Exploitation often involves manipulating and deceiving individuals for personal gain. People with dementia are particularly susceptible to such exploitation because of their limitations. It can occur in various forms, including financial, emotional or physical exploitation, often perpetrated by family members, caregivers or others.

Below are some forms of exploitation and what they might look like for people with dementia:

| Type of exploitation | Definition and Example |
|----------------------|--|
| Financial | <p>This means manipulating the person to give money away.</p> <p>For example, a person's family member tells them that their loved one is in financial trouble. They make an emotional appeal to convince the person to give them a large amount of money.</p> |
| Physical | <p>This means manipulating the person to do work for free.</p> <p>For example, an aged care worker makes the person do the work the aged care worker is supposed to do. The aged care worker convinces the person that this is part of their 'therapy'.</p> |

People with dementia can, unfortunately, be more susceptible to exploitation. This vulnerability may stem from their trusting nature or willingness to believe in others. Exploitation can occur without their awareness, and they might hesitate to seek assistance out of embarrassment. It is essential to recognise that these vulnerabilities may be due to their condition rather than implying any inherent gullibility or naivety on their part.



Further Reading

The article below shows different ways older people can be financially exploited. It discusses how it can be prevented and who is most at risk of financial abuse.

[Financial Elder Abuse](#)

Recognising Signs of Abuse or Neglect

You must learn how to recognise signs of abuse and neglect in people with dementia. Some signs are not as visible as others. Certain signs can be similar for different types of abuse. Here are some signs you should watch out for:

| Signs of abuse | Signs of neglect |
|--|--|
| <ul style="list-style-type: none"> ▪ Having bruises, cuts and other injuries with no obvious causes ▪ Acting scared around certain people ▪ Exhibiting signs of stress, such as hair loss or panic attacks ▪ Avoiding certain members of their family or care team ▪ Exhibiting signs of pain or limited movement | <ul style="list-style-type: none"> ▪ Losing significant weight ▪ Having decreased confidence or self-esteem ▪ Exhibiting signs of loneliness or emotional distress ▪ Having soiled clothes or bedsheets ▪ Having untreated medical conditions |

Observe how a person acts around their peers, family or friends. Notice if they act differently towards specific people. For example, they may be cheerful and then turn shy and quiet when a certain family member arrives. It would be best if you also took note of any changes in behaviour, such as eating or sleeping patterns. While certain signs may appear as typical aspects of ageing, it is crucial to document and monitor them regardless.

Reporting Signs of Abuse and Neglect

Know your organisation's policies and procedures for reporting suspicions of abuse and neglect. You must also know your state or territory's legislation relevant to the matter. If you notice possible signs of abuse or neglect of an older person, observe them more closely. You must still report these observations, even if it turns out that there is no abuse happening. The following are instances when you should report an incident:

- You witness abuse happening.
- Staff or family members tell you that they have seen abuse happening.
- The person tells you that someone is abusing them.
- You observe signs of neglect or abuse in the person.
- The person tells you that no one is caring for them.

Whenever there is an incident, follow your organisation's policies and procedures and your state's or territory's legislation to report abuse and neglect. These policies and procedures ensure that your report is properly documented. They also ensure that the correct authorities receive the report. Each state and territory has a website for reporting abuse toward older people. You must refer to these websites when reporting instances of abuse within your workplace.

The table below links to the specific websites for each state or territory:

| State or territory | Links |
|------------------------------|---|
| Australian Capital Territory | Abuse of Older Persons |
| Queensland | Elder Abuse Prevention Unit |
| Victoria | Get help for professionals |
| New South Wales | Ageing and Disability Abuse Helpline |
| Northern Territory | Elder abuse |
| Tasmania | Things are looking up, we're here to help |
| Western Australia | Advocare |
| South Australia | Aged Rights Advocacy Service |

Individual organisations will also have their own policy for reporting cases of abuse. These policies will include procedures for reporting, including:



Below is an example of steps you might follow after spotting a symptom of abuse. Your organisation may have different steps, but the idea would be generally similar.

The following are the steps for reporting suspected abuse:

1. Ask the older person about your observation.
2. Inform the older person that you will make a report about the observation.
3. Assure the older person that the purpose of the report is to ensure their safety and protect their rights.
4. Accurately record your observations and the details of the incident, maintaining a written or digital record.
5. Send the report to your immediate supervisor.
6. Forward the report to the appropriate authority.
7. Take steps to investigate the incident as advised by your supervisor.

1.5.1 Mandatory Reporting

Mandatory reporting, or compulsory reporting, is the responsibility to report suspicions of abuse. Professionals like teachers, medical workers and care workers all have this responsibility. As an aged care worker, you should know the mandatory reporting laws that apply to aged care. Familiarise yourself with the reporting policies and procedures of your workplace. This will help you protect the rights of the older people in your care.

The *Aged Care Act 1997* introduced the *Serious Incident Response Scheme (SIRS)*. This requires aged care workers to report incidents of abuse of people in care. It defines a *reportable incident* as the occurrence, or suspected occurrence, of the following:

- Unreasonable force
- Sexual abuse
- Emotional abuse
- Theft done by an aged care worker
- Neglect
- Unreasonable use of restrictive practices
- Unexplained death of an older person
- Unexplained disappearance of an older person

Aged care workers have the duty to report these cases to the proper authorities. They must file a report to the Department of Health or the police within 24 hours of the incident. Care providers must respond to these reports quickly and efficiently. Each report must be recorded, including what was done to address it. The only exception to this reporting is if the person has cognitive disability.

The SIRS also protects mandatory reporters. This means the following:

- The law protects the reporter from criminal or civil responsibility.
- An employer cannot punish a reporter for reporting a valid incident.
- An employer must protect the person from threats and victimisation due to reporting.

Below is an example of a legal and ethical requirement relevant to mandatory reporting:

| Legal requirement | Ethical requirement | How to comply |
|--|--|--|
| <p>An approved provider must ensure that a staff member who becomes aware of a reportable incident notifies the appropriate personnel as soon as possible.</p> | <p>A healthcare worker must take appropriate and timely measures to minimise harm to clients when an incident occurs while providing treatment or care.</p> <p><i>Sourced from The National Code of Conduct for Health Care Workers (Queensland), used under CC BY-ND 4.0. © The State of Queensland (Queensland Health)</i></p> | <ul style="list-style-type: none"> ▪ Follow organisational policies and procedures for mandatory reporting. ▪ Report to the supervisor any indicators of abuse or neglect. |

1.5.2 Legislative and Statutory Requirements for Reporting

Aside from abuse, there are other things that aged care providers must report. These things include financial information and information on the health of the older people in care.

National Aged Care Mandatory Quality Indicator Program (QI Program)

The QI Program collects data from aged care providers every three months. Providers must provide data about the health and wellbeing of older people in care. This is required under Part 3, Division 1 of the *Accountability Principles 2014*.

Under this program, care providers must report data on the following:

| | | | | |
|-------------------|--------------------|-----------------------|------------------------|-----------------------|
| Pressure injuries | Physical restraint | Unplanned weight loss | Falls and minor injury | Medication management |
|-------------------|--------------------|-----------------------|------------------------|-----------------------|

Based on content from the Federal Register of Legislation at 9 November 2021.

For the latest information on Australian Government law please go to <https://www.legislation.gov.au>.

Accountability Principles 2014, used under CC BY 4.0.

Specifically, reported data must include the following:

- What percentage of people in care received one of the six pressure injury stages?
- What percentage of people in care had to be physically restrained?
- What percentage of people in care lost at least five per cent of their weight?
- What percentage of people in care experienced falls that led to a minor injury?
- What percentage of people in care took nine or more medications? What percentage received antipsychotics?

Below is an example of a legal and ethical requirement relevant to reporting:

| Reporting notifiable incidents | | |
|--|--|---|
| Legal requirement | Ethical requirement | How to comply |
| A person who conducts a business or undertaking must ensure that the regulator is notified as soon as they find out that a notifiable incident has occurred. <i>Sourced from the New South Wales Legislation website at 12 December 2022. For the latest information on New South Wales Government legislation please go to https://legislation.nsw.gov.au. Work Health and Safety Act 2011 No 10, used under CC BY 4.0.</i> | A healthcare worker must disclose the incident to the client and take appropriate steps to reduce the risk of it happening again. They must also report the incident to the relevant authority, where appropriate. | <ul style="list-style-type: none"> ▪ Follow organisational policies and procedures for reporting notifiable incidents to state work health and safety regulators. ▪ Report notifiable incidents to the supervisor, detailing critical pieces of information as required by state work health and safety regulators. |
| Reporting data and information | | |
| Legal requirement | Ethical requirement | How to comply |
| An approved provider must report data on the health and wellbeing of older people. These include information on pressure injuries, physical restraint, etc. | A healthcare worker must maintain accurate, legible and up-to-date clinical records for each client consultation. | Follow policies and procedures for documenting and reporting changes to the client's health and wellbeing. |



Checkpoint! Let's Review



1. People in aged care are vulnerable to abuse, neglect and exploitation. You must recognise the signs of these. This will help you protect the people in your care.
2. You should know the mandatory reporting laws related to aged care. These are laws on the reporting of abuse, neglect or exploitation of older people.
3. Care providers must also report data on the health and wellness of people in care. They are also required to report on the financial situation of their care services.



Learning Activity for Chapter 1

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

II. Use Effective Communication Strategies



When communicating with people with dementia, it is important to approach them with patience, respect and understanding. They may encounter challenges in comprehending conversations and responding, and their emotions can fluctuate, potentially leading to frustration or even aggression. Recognising their unique situation and emotions can guide you in developing effective communication strategies that cater to their needs and preferences. Note that communication is a dynamic process that requires adaptability and sensitivity to ensure meaningful interactions.

Understanding effective communication extends to the person's entire support network, which encompasses their family, friends and other caregivers. These individuals also undergo the challenges of caring for someone with dementia, which can take an emotional toll. Therefore, it is important to engage with them in a sensitive and empathetic manner, acknowledging their experiences and fostering open lines of communication. This collaborative approach ensures that everyone involved can provide the best possible care and support for the person with dementia.

This chapter will discuss the impact of dementia on a person and their carers. It will also discuss how you can communicate with them respectfully and effectively. You will learn how to provide information and care that respects their rights and dignity.

The Impact of Dementia

Dementia can have devastating impacts on the person and their carers or family members. Dementia is generally considered a progressive condition. Its symptoms impact cognitive functions like memory, reasoning and communication. These symptoms worsen over time, leading to a gradual decline in a person's ability to perform everyday tasks and engage in social interactions. The rate of progression can vary depending on the type of dementia and the person's overall health. This affects them both physically and emotionally. It is also important to know that it also affects their family or carer. Note that while dementia is often progressive, the exact progression can differ from person to person.

Below are the impacts of dementia's progression on the person and their loved ones.

| | | |
|---|--|----------------------------------|
| Loss and grief | Anger and violence towards carer or others | Despair and self-harm |
| Delirium | Depression and suicidal ideation | Dysphagia |
| Loss of inhibition and social embarrassment | Loss of speech and cognition | Isolation and social devaluation |

- **Loss and grief**

Dementia gradually impairs a person's memories and fundamental skills, affecting various aspects of their life. As the condition progresses, it can significantly impact the person's quality of life. The person with dementia and their caregivers or family members may navigate a complex journey of emotional challenges, including feelings of loss and grief, throughout this process.



| Impact on the person | Impact on others |
|--|--|
| <p>Dementia often endangers a profound sense of loss in the person afflicted. They grapple with the disappearance of their former self, as well as the activities and routines they once enjoyed. Grief permeates their experience as they mourn the life they once led and the roles they previously fulfilled. Given the progressive nature of dementia, characterised by ongoing losses, this grieving process can extend over a prolonged period, intensifying the emotional toll on the individual.</p> | <p>The carers and family members of a person with dementia witness the gradual changes in their loved ones. In certain cases, caregivers and family members may begin to feel a sense of loss even before the person's physical passing. This emotional process may start when the person begins to forget aspects of their identity. It continues throughout the course of dementia, spanning from the initial stages of memory loss to the eventual passing of the person.</p> |

▪ **Anger and violence towards carer or others**

Anger can be a common response to illness, affecting both the person and their loved ones. Dealing with dementia, a complex and challenging position, often leads to feelings of anger for those who have it. This emotional response can sometimes escalate into aggression.

| Impact on the person | Impact on others |
|---|---|
| <p>Coping with the symptoms of dementia can lead a person to experience episodes of anger. This emotional response may stem from a sense of unfairness regarding their condition. Additionally, frustration can arise from perceptions of how others interact with them. For instance, some might become irritated when they perceive others viewing them with pity.</p> <p>In certain instances, their anger might manifest as violent behaviours such as yelling, hitting or throwing things. As their capacity to recognise others diminishes, they may experience heightened feelings of threat, potentially triggering aggressive reactions as a means of self-preservation.</p> | <p>The person's caregivers and family members may also share the same feelings of anger that the individual with dementia is experiencing. They, too, might perceive the entire situation as unjust and grapple with fear for their loved ones, leading to tendencies to become overly protective. Consequently, they might find themselves frustrated with how aged care workers manage the care of their dear ones.</p> <p>They may become the target of violence from the person. This will cause feelings of betrayal and helplessness. They may know their loved one is not purposely hurting them, but it will still hurt them. They may even witness situations where their loved ones need to be restrained for their own safety.</p> |

- **Despair and self-harm**

Despair is when a person loses hope that things will get better. *Self-harm* is when a person purposely hurts themselves. Dementia can lead to feelings of despair and the urge to self-harm.

| Impact on the person | Impact on others |
|--|---|
| <p>As dementia progresses, the person may feel despair about their condition. They may believe that they will never get better. They may feel more hopeless as they need more and more assistance to do basic things.</p> <p>The person may also become prone to self-harming behaviour. This can be intentional or accidental. They may start losing control of their movements and hurt themselves. Feelings of anger and frustration might compel them to harm themselves deliberately.</p> | <p>As family members and caregivers observe their loved ones go through dementia, a sense of hopelessness may gradually set in. They may research dementia extensively and see no cure for it yet. Witnessing the progression of symptoms and anticipating what lies ahead could contribute to feelings of despair. Moreover, when treatments cease to be effective, despair may take hold.</p> <p>Amidst these challenges, fear for their loved ones' wellbeing may intensify if they observe self-harming behaviours. The concern and anxiety stemming from these complex emotions can add to the emotional burden experienced by those closely connected to persons with dementia.</p> |

- **Delirium**

Delirium is a sudden mental disturbance where the person becomes confused and unaware. During an episode of delirium, they may become easily distracted or disoriented and may exhibit incoherent speech. Note that while delirium shares some similar symptoms with dementia, it is not an inherent part of dementia's progression. Delirium can occur independently due to various medical conditions, infections or medication interactions.

| Impact on the person | Impact on others |
|---|---|
| <p>When a person starts experiencing delirium, they also start needing more support. The presence of delirium can compromise their capacity to live independently, as it poses potential risks to their safety. For example, they may get confused about where they are and start walking into a busy street. The delirium can also evoke feelings of dread and uncertainty about their surroundings.</p> | <p>When a loved one starts experiencing delirium, it becomes increasingly challenging to care for them. The heightened need for support may require seeking assistance from external sources to ensure the person's safety. Eventually, this heightened care may necessitate relocating the person to a residential facility.</p> |

- **Depression and suicidal ideation**

Depression is characterised by a feeling of intense sadness or emotional numbness. People grappling with depression often lack the motivation and energy to do basic activities. *Suicidal ideation* involves contemplating or desiring death. It can stem from depression. Often, people who struggle with suicidal ideation perceive life as devoid of purpose. This may potentially prompt actions like giving away their things and expressing farewells. Heightened discussions about death or dying may also become more prevalent.

| Impact on the person | Impact on others |
|---|--|
| <p>People with dementia frequently contend with the symptoms of depression. It may be a result of losing their abilities. In the early stages of dementia, they may be aware of their deteriorating condition and its impending progression. This awareness can lead to feelings of helplessness that contribute to the onset of depression.</p> <p>Knowing that their condition will inevitably worsen may even trigger suicidal ideation as the outlook becomes increasingly bleak. A pervasive sense of lacking future prospects might foster the belief that death is a preferable alternative.</p> | <p>Witnessing a loved one's gradual decline in memories and abilities is profoundly challenging and can evoke symptoms of depression. This happens when the carer finds themselves unable to allocate time for processing their own emotions. The all-encompassing nature of caregiving can divert their focus from self-care, potentially neglecting their mental wellbeing and fostering a fertile ground for thoughts of suicide. Thinking about the eventual passing of their loved ones may amplify these distressing feelings.</p> |

- **Dysphagia**

Dysphagia means difficulty in swallowing solids and liquids. This can result from compromised control over the tongue and throat muscles. In people with dementia, symptoms of dysphagia may manifest in the early stages of the disease and tend to worsen as the condition advances.

| Impact on the person | Impact on others |
|---|--|
| <p>Dementia can impair the brain's ability to coordinate swallowing reflexes, resulting in dysphagia. Eventually, this difficulty can progress to the point where the person is unable to eat and drink independently. In such cases, the use of a feeding tube becomes necessary to ensure the person receives their needed nutrition.</p> | <p>In the beginning stages of dysphagia, the carer and family member will need to assist the person in eating. They may have to coach the person through chewing and swallowing. As the disease progresses, the carer and family member may need to learn how to change and manage a feeding tube.</p> |

- **Loss of inhibition and social embarrassment**

Inhibition is the feeling that makes a person conscious of possible embarrassment. This may prompt them to control themselves from acting a certain way in public. The loss of inhibition means a reduced sense of self-consciousness and restraint regarding actions. For example, a person with dementia might unintentionally make candid remarks about someone's appearance or behaviour in a public setting without the usual considerations for social norms.

Social embarrassment is the feeling of shame in social situations. People with dementia may feel social embarrassment due to the decline in their cognitive abilities. Carers or family members may also feel embarrassed when the person they care for exhibits certain behaviours in public.

| Impact on the person | Impact on others |
|--|--|
| <p>Dementia can damage the brain's capacity to control a person's inhibition. This means they lose the ability to follow certain social rules. For example, they may refuse to wear clothes in public or may openly make negative comments to strangers.</p> <p>Sometimes, they may have moments when their inhibition temporarily comes back. This may lead to feelings of embarrassment if they remember what they did. Additionally, the loss of control over certain functions may contribute to feelings of embarrassment, such as requiring assistance with toileting.</p> | <p>The loss of inhibition of a person with dementia can lead to embarrassment for their carer or family. The person may do something in public that is outside of social norms. They may also do something offensive to others.</p> <p>Addressing the resulting social embarrassment requires a comprehensive understanding of the underlying causes behind the behaviours. However, even with understanding, carers or family members may continue to grapple with the stigma associated with those behaviours.</p> |

- **Loss of speech and cognition**

Cognition is the ability to learn and understand information. *Speech* is the ability to communicate and express thoughts. Dementia impairs a person's cognition and speech. These happen because of the damage that dementia does to the brain. These losses have effects on people with dementia. They also negatively impact the person's carers or family members.

| Impact on the person | Impact on others |
|--|---|
| <p>As a person loses their ability to speak, it becomes harder for them to communicate with other people. It also becomes harder to ask for help, which may put them in danger. Additionally, it increases frustration due to their inability to convey their thoughts and needs effectively.</p> <p>Losing the ability to understand heightens feelings of confusion and fear. This loss makes them more vulnerable to harm and abuse. In addition, their independence is compromised. Requiring assistance for basic tasks can significantly diminish their sense of autonomy.</p> | <p>The loss of speech and cognition can also cause distress to a person's loved ones. The loss of speech means they must adapt their methods of communication and will engage less in familiar ways. The loss of cognition means they must pay more attention to the person to keep them safe. They will also have to witness the person's growing confusion and frustration as these skills wane. This can take a heavy toll on their mental health.</p> |

- **Isolation and social devaluation**

Social devaluation is when people believe that a person is no longer valuable to society. Another term for social devaluation is 'stigma'. There is a lot of stigma against older people, especially those with dementia. The person may end up isolating themselves from others. This may show itself as a refusal to engage in communications or venture outside their living environment.

| Impact on the person | Impact on others |
|--|---|
| <p>People with dementia often experience societal devaluation. Unfortunately, this perspective often regards them as dependent and constantly in need of care.</p> <p>As a result, people with dementia find themselves isolated from their communities. Their social circle tends to shrink due to the perception of being less accommodated in public areas. For some, this can even lead to voluntarily choosing isolation.</p> | <p>Sometimes, a carer or family member must prioritise taking care of their loved one over other things. This may lead to social devaluation as some people may assume their time and skills could be better used elsewhere.</p> <p>Caring for someone with dementia can also be isolating. Some people may have no time or desire to go out and socialise. The fear of leaving the person's side might also play a role in this isolation.</p> |

Financial Implication of Dementia

Aside from its physical and mental impact, dementia also carries financial implications. Dementia comes with a lot of costs to the person, their family and the Australian Government. For families, the cost of dementia care comes from the following:



The cost of care is another thing that people with dementia and their families face. Families seeking the highest quality of care for their loved ones often face substantial expenses. However, there are government programs that help older people with limited incomes in accessing necessary services. This includes help for people with dementia.

Older people with limited income can access assistance from the following services:

- **Commonwealth Home Support Programme (CHSP)** – Provides help for those experiencing homelessness
- **Home Care Packages (HCP)** – Provides help for people with more complex home care needs
- **Community Assistance and Support Program (CASP)** – Provides help for those who are not eligible for CHSP or HCP grants

Knowing how dementia impacts people helps you be more empathetic toward them. The rest of this chapter will discuss the best ways to engage with people with dementia. It will also discuss the best ways to discuss support to their carers.

In this chapter, you will learn how to:

- Communicate in a way that respects the person
- Support engagement using verbal and non-verbal communication strategies
- Reassure and validate the person to relieve distress and agitation
- Provide care information and opportunities for discussion

2.1 Communicate in a Way That Respects the Person

As an aged care worker, you must know how to communicate with people with dementia. This means talking to them in a way that makes them feel respected. It also means communicating with them in a way that is easy for them. It is important to find respectful ways to communicate. This builds trust between you and the person. This trust makes it easier for them to respond and express themselves to you.

Patience is very important in communicating with people with dementia. Their illness tends to cause issues with communication. This may get frustrating for them and for you. However, you must remember that they are dealing with something they cannot control.

The communication issues that people with dementia may face include the following:

Having difficulties understanding what someone is saying

Having difficulties expressing their thoughts and feelings

Struggling with recalling specific terms or phrases

Saying things that do not make sense

Repeating words or phrases multiple times

Forgetting what they are saying mid-speech

Forgetting what someone has just said to them

To work around these difficulties, you need to have good communication strategies. This section will discuss some strategies you can use. These include culturally sensitive strategies. It will also discuss how you can use these strategies.

Good communication is communication that is supportive. This means it encourages people with dementia to engage. It also makes them feel that they still have power over their care.

Supportive communication should do the following:

| Supportive communication | Strategies |
|---------------------------------------|--|
| Respecting the person's needs | <ul style="list-style-type: none"> ▪ Identify their communication needs. ▪ Tailor your communication strategies to meet their needs. <ul style="list-style-type: none"> ○ If the person finds gestures easier than words, add elaborate gestures when talking. ○ If the person struggles with long sentences, use easy words and short sentences. ○ If the person easily forgets what you say, do not get frustrated. Just repeat what you have said as often as they need you to. You can also add written or visual reminders of your conversations. ○ If the person struggles to express their needs, ask them simple 'yes or no' questions to find out what they need. ○ If the person can no longer speak, give them options for non-verbal communication. You will read more about this in Subchapter 2.2. |
| Respecting the person's rights | <ul style="list-style-type: none"> ▪ Know and understand their rights. ▪ Help them learn their rights in a way that they will easily understand. <ul style="list-style-type: none"> ○ Explain their rights using simple language. ○ Provide a visual representation, such as pictures and charts. ▪ Keep their rights in mind whenever you interact with them. <ul style="list-style-type: none"> ○ Keep them informed about their care. ○ Get their consent before performing care. ○ Show them how to perform tasks and encourage them to participate. |

| Supportive communication | Strategies |
|--|--|
| Respecting the person's preferences | <ul style="list-style-type: none"> ▪ Ask the person how they prefer to communicate. Use their preferred means of communication. ▪ Give them choices and ask about their opinions as often as possible. <ul style="list-style-type: none"> ○ Respect their choices as long as it is safe for them and yourself. ○ Do not assume that they always need assistance. Ask them first if they want your help with something. |
| Upholding the person's dignity | <ul style="list-style-type: none"> ▪ Treat them with respect in every interaction. <ul style="list-style-type: none"> ○ Talk directly to them instead of their carer. Do not talk about them as if they are not there. ○ Do not rush their responses. Give them time to think and respond at their own pace. ○ Maintain eye contact with them when talking. Give them your full attention. ○ Talk to them the way you would want people to talk to you. Do not yell or roll your eyes at them. ▪ Respect their privacy. Do not discuss their struggles and conditions with people who are not involved in their care. |

Further Reading



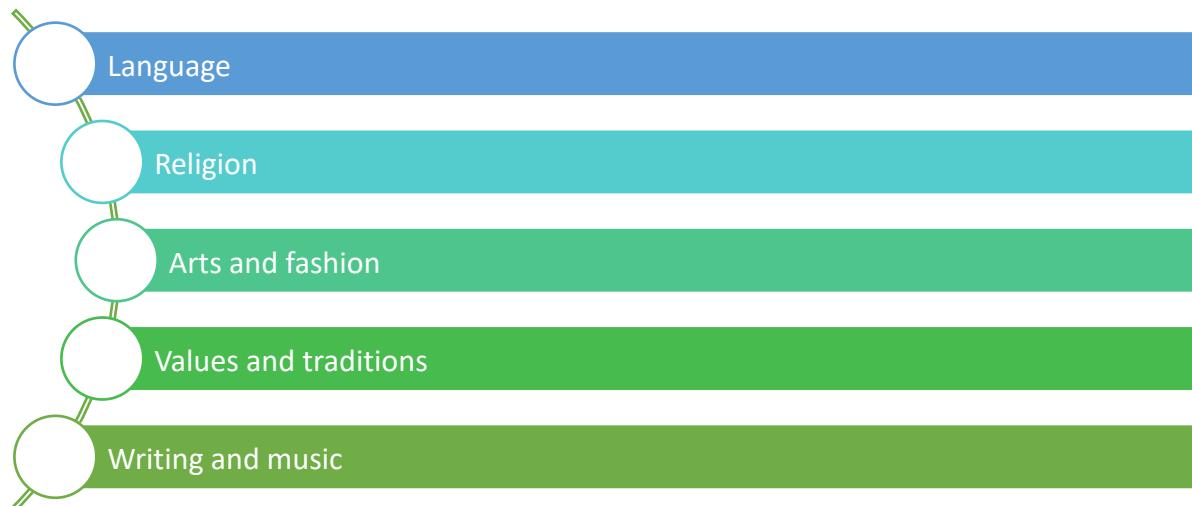
This page provides more strategies for communicating with people with Alzheimer's. The page also explains the changes in communication brought about by Alzheimer's.

[Alzheimer's Caregiving: Changes in Communication Skills](#)

2.1.1 Culturally Sensitive and Safe Communication Strategies

Culture is a shared experience among groups of people. It is a common way of life among people of the same race, generation or nationality. People who share the same interests can also have their own culture. For example, people who love competitive dance have a ‘dance culture’.

Culture is manifested in the following:



People with dementia can come from different cultural backgrounds. They may not share the same beliefs and traditions as you. They may have certain needs that you are not familiar with. The cultural groups of people with dementia may include the following:

- **Culturally and linguistically diverse (CALD) people**
 - They are from other countries and currently live in Australia.
 - They may experience difficulty due to language barriers.
 - They may have religious beliefs and practices that differ from the norm.
- **Aboriginal and Torres Strait Islander peoples**

They may have views about health and wellbeing that differ from the common views, like viewing dementia as a natural part of life rather than a medical issue.
- **Lesbian, gay, bisexual, transgender, intersex, queer or asexual (LGBTIQA+)**

They may have experienced discrimination and ridicule in the past.

You should use culturally sensitive and safe communication strategies. This shows respect for the different cultures of the people in your care. *Culturally sensitive* is when you are aware of people’s cultures. It means not using discriminatory or harmful language. It also means trying to learn about their customs and norms. *Culturally safe* is when you show respect for other people’s cultures. It also means accommodating them and making them feel comfortable.

Being culturally sensitive and safe helps build trust between you and the people in your care. It also helps respect people's rights and uphold their dignity. Here are some strategies you can use for culturally sensitive and safe communication.

Culturally Sensitive Strategies

- **Educate yourself about the person's cultural background.**

Identify the person's cultural background and research their communication needs.

Identify if there are any terms or words that are not acceptable in the person's culture.

- **Understand their cultural norms in terms of body language.**

Identify how they feel about casual physical contact.

- Some cultures may welcome physical touch, while others value personal space.

Identify how they feel about eye contact.

- It may be very important in some cultures but disrespectful in others.

Culturally Safe Strategies

- **Accommodate people whose first language is not English.**

- Find someone who can translate between you and the person.
- Use visual aids to help you and the person communicate better.
- Explore available translation applications that can assist in bridging language gaps.
- Collaborate with the person's family and friends who are familiar with their communication style and preferences. They can offer valuable insights and support.

- **Build a comfortable relationship.**

- Adapt your communication style based on the individual's cues and responses. Be flexible and willing to modify your approach to suit their comfort level.
- Acknowledge the person's emotions and validate their feelings, even if their words may be unclear. Empathetic responses foster a sense of trust and emotional connection.

Further Reading



Access the link below for tips on communicating with Aboriginal and Torres Strait Islander peoples:

[Communicating Effectively with Aboriginal and Torres Strait Islander People - Qld Health \(2015\)](#)



Checkpoint! Let's Review

1. In communicating with people with dementia, it is important to be patient. You must always respect their needs, rights and preferences. You must also always uphold their dignity.
2. You should use communication strategies that work best for them. Refrain from rushing them or conveying any signs of frustration.
3. Respect people's cultural backgrounds. Research their cultural norms and apply those in your communication with them.



2.2 Support Engagement Using Verbal and Non-verbal Communication Strategies

Engagement means active participation and involvement in various activities and interactions. For individuals with dementia, sustaining engagement with their environment becomes progressively challenging due to the progression of the disease. Consequently, acquiring strategies to facilitate and maintain engagement becomes crucial. These strategies play a vital role in keeping their cognitive functions active and stimulated.



Verbal Communication Strategies

Verbal communication means communication using spoken or written language. The different types of verbal communication strategies include the following:

| Strategy | Definition and examples |
|------------------|---|
| Active listening | <p>This is listening with the intention of understanding. It means not just hearing a person's words but comprehending what they mean.</p> <p>Here are some ways you can practise active listening:</p> <ul style="list-style-type: none"> ▪ Focus your whole attention on the person. Remove any distractions, such as your phone or an open television. If possible, have your conversation in a quiet space. ▪ Practise empathy. Try to imagine yourself in the person's position. Acknowledge their struggles and really understand what they are trying to say. ▪ Respond to the person accordingly. If they ask questions, answer them honestly. If they share something about their day, give supportive comments. Encourage them to tell you more. |

| Strategy | Definition and examples |
|-------------------------------------|---|
| Open-ended questions | <p>These are questions that require more than a single word or phrase to answer. These questions ask a person to explain themselves or give examples. This keeps a person engaged in conversation for longer.</p> <p>Here are some ways you can use open-ended questions:</p> <ul style="list-style-type: none"> ▪ Depending on the person's communication abilities, avoid asking questions with single-word answers. ▪ If you ask a 'yes or no question', give follow-up questions. You can ask them to explain why they answered a certain way. Give them enough time to think of a response. |
| Interest-based conversations | <p>This means steering the conversation to a topic the person is interested in. This will help sustain their attention. It will also motivate them to participate more actively in the conversation.</p> <p>Here are some ways you can practise interest-based conversations:</p> <ul style="list-style-type: none"> ▪ Get to know the person and their interests. If it is something you are not familiar with, research it. ▪ If possible, watch their favourite shows or movies with them. Ask them questions about these shows or movies. <p>Ask them about their hobbies. Support and empower them to engage in their hobbies more regularly. Ask them if they can teach you something about the activities they like to do. If possible, do the activities with them.</p> |
| Effective ways of speaking | <p>These refer to the tone and volume you use when talking. These also include how fast you talk and how much time you give the person to respond.</p> <p>Here are some ways you can use effective ways of speaking:</p> <ul style="list-style-type: none"> ▪ Practise making your tone of voice sound friendly. Do not talk in a rough or cold tone. A friendly tone of voice will make people feel more welcome and engaged. ▪ Moderate your volume depending on the person's needs. If the person is hard of hearing, ensure your voice is loud enough. If the person fears loud voices, use a lower volume when speaking. <p>When the person is distressed, speak to them calmly. Keep a level tone to avoid scaring them more. Do not raise your voice to get them to listen to you.</p> |

Non-verbal Communication Strategies

Non-verbal communication is communication that does not use spoken or written language. People use non-verbal communication every day. These strategies are part of normal interactions with others. As the disease progresses, persons with dementia may experience challenges expressing themselves verbally or in writing. Therefore, utilising non-verbal cues becomes valuable for engaging and connecting with them effectively.

The different types of non-verbal communication strategies include the following:

| Strategy | Examples |
|--------------------|---|
| Gestures | <ul style="list-style-type: none"> ▪ Point to something to ask if the person needs or wants it. ▪ Ask the person to point to what they need or want. ▪ Nod your head when the person does something positive. ▪ Ask the person to give a thumbs up or thumbs down if they like or dislike something. |
| Body language | <ul style="list-style-type: none"> ▪ Use welcoming body language when interacting with the person. Face the person when talking to them. Do not cross your arms or tap your feet. ▪ Observe if the person is showing positive body language. Clapping or relaxing their shoulders are examples. Do more of the things that make them show positive body language. ▪ Notice if the person is showing negative body language. This can be cowering, hunching their shoulders or looking away. Avoid the things that make them show negative body language. |
| Facial expressions | <ul style="list-style-type: none"> ▪ Smile at the person whenever you interact with them. This will help lessen feelings of intimidation. ▪ Observe the person's facial expressions to identify if they are happy, sad, angry or afraid. |
| Physical touch | <ul style="list-style-type: none"> ▪ Hold the person's hand when they need reassurance. Check to make sure that they are comfortable with this action. If they pull their hand away, do not force it. ▪ If the person casually touches you, do not push their hand away. This might scare them or discourage them from initiating physical contact. |

Note that cultural norms and practices can influence verbal and non-verbal communication. Different cultures may interpret communication cues differently, which can impact the effectiveness of communication. For instance, certain gestures or expressions that are considered polite in one culture might carry different meanings or implications in another.

2.2.1 Reality Orientation

Reality orientation is a communication therapy that helps people connect with their surroundings. It is used for people who get confused about what is real and what is not. It was originally used as a therapy for people who suffer from severe trauma, such as war veterans. Now, it is also used for older people who have dementia.

Dementia often challenges the person's ability to perceive their surroundings accurately. This may manifest as a belief that they are in a different time or place, such as their childhood home, that may prompt them to search for familiar figures like their parents. In some instances, a person might re-experience distressing events, which can trigger episodes of aggression. In response to these challenges, reality orientation strategies aim to anchor the person in the present reality. This approach utilises gentle reminders and visual cues to help them stay connected with their current environment and circumstances. By employing these techniques, caregivers seek to mitigate the disorientation and distress that can arise from the person's altered perception of time and place. Note that the effectiveness of these strategies may vary based on the unique needs and experiences of each person with dementia.

Furthermore, it is crucial to acknowledge that dementia encompasses a spectrum of variations. Not all individuals will experience the same degree of memory loss or disorientation. Tailoring care approaches to the specific form of dementia and the person's responses is fundamental to providing person-centred and effective support. Below are some examples of how to do reality orientation:

Put up visible signs on the wall indicating where the person is.

Put easy-to-read clocks and calendars where the person will see.

Provide albums and photo frames with current pictures of the people they know.

Use their name frequently in conversation.

Incorporate current events into your conversations.

People with dementia have seen some improvement in cognitive functioning through reality orientation. It helps people stay engaged with the present instead of getting lost in the past. Essentially, reality orientation provides the person with a 'reality check' to establish a clearer connection with their current environment and circumstances. However, there are some possible downsides to using this type of therapy:

- If used incorrectly, it can leave a person confused and distressed. They may get frustrated from being forced to go back and forth between realities.
- It can cause grief to the person. For example, the person may have forgotten that their spouse has passed away. Once they are oriented back to the present, they may feel grief for their spouse all over again.
- A reality check can break the trust between a person and their carer if used inappropriately. This occurs when reality orientation techniques are used insensitively. It can cause the person to feel unsettled, frustrated or distressed. When the person perceives that their caregiver is not understanding or respecting their emotional and cognitive state, it can lead to a loss of trust in the caregiver's intentions and actions. For instance, if a caregiver repeatedly corrects the person's perception of time, location or events in a manner that feels confrontational or dismissive, the person may start to doubt the caregiver's motives or feel that their experiences are not being valued.



2.2.2 Reminiscence



Reminiscence therapy is a way of giving the person a sensory experience to remind them of their past. It includes incorporating sights, sounds, smells and tastes from their younger years. It aims to bring back good memories and increase positive feelings. Below are some examples of ways to use reminiscence therapy.

- Playing music from the decade when the person was growing up
- Holding group screenings of old movies and TV shows
- Asking the person about happy memories of their past
- Giving the person's favourite childhood snack as a treat
- Asking a family member to cook a meal that the person likes
- Asking family members to recreate old family traditions for a holiday
- Having a 'gallery' of pictures from people's younger years in a common area
- Helping the person write a memoir or compile a scrapbook of their memories

There are many ways you can use reminiscence therapy. These strategies encourage people with dementia to talk or write about their memories. It also allows them to exchange stories with their peers. If the person is unable to talk or write, they might at least have a good time reminiscing. An atmosphere that reminds them of their past may give them a feeling of familiarity and comfort.

Just like with reality orientation, this therapy may come with some disadvantages:

- Reminiscence therapy may be more effective among people in residential facilities with other older people with whom they can reminisce. People still living at home might not find the same level of engagement in looking back on the past.
- Looking back on old memories may cause feelings of loss and grief. It may remind the person of the activities they can no longer engage in or people who are no longer around.
- A person may struggle to remember a song, picture or skill from their past. This difficulty may lead to feelings of frustration when trying to reminisce.



Multimedia

The video linked below discusses the use of reminiscence therapy:

[Reminiscence Therapy and Dementia](#)



Checkpoint! Let's Review

1. You can use many different strategies to interact with people with dementia. Verbal strategies are written or spoken ways of communicating. Non-verbal strategies are alternative ways of communicating, such as gestures and pictures.
2. Reality orientation is a form of therapy that helps remind people of the present. It involves giving cues to help people identify what is real and what is a memory.
3. Reminiscence lets people revisit their past. It aims to give them positive feelings through sensory experiences.



2.3 Reassure and Validate the Person to Relieve Distress and Agitation

Distress and agitation frequently arise among people living with dementia. As discussed in Chapter 2, losing their memories and abilities impacts people emotionally. They may feel afraid or frustrated. It is important to reassure them as they go through the progression of their disease. It is also important that you validate their feelings instead of ignoring them. This subchapter will teach you strategies for providing reassurance and validation for the people in your care.

2.3.1 Reassuring Words, Phrases and Body Language

Reassurance means helping ease someone's fears and doubts. It involves using words and actions that bring comfort to a person. People with dementia need more frequent reassurance as their disease progresses. Reassurance can help calm them and boost their self-esteem.

Accepting Expressions of Distress

Distress refers to a state of extreme anxiety or pain. It is crucial to acknowledge that a person's thoughts and feelings are genuine and significant to them, regardless of their objective accuracy. Their experiences are valid, even if they may not align with reality. Avoid belittling their fears, as doing so could only make them feel worse or more distressed by making them feel invalidated for being anxious about something they perceive as significant. The following guidelines provide insights into effective and ineffective responses when dealing with distressed persons:



Before you can reassure someone, they must first feel that you understand them. This will help them believe that your reassurance is genuine. By recognising their distress, you convey acceptance and create a safe space. Note that sometimes, simply being acknowledged can initiate a sense of calm within the person.

Relieving Distress Using Reassurance

Reassurance uses positive language that focuses on the person and not the issue. It also involves showing comforting body language, including facial expressions. Below are some ways to relieve distress by reassuring them.

| Reassurance | Strategies |
|------------------------------|---|
| Reassuring words and phrases | <p>You can say these things to help reassure a person in distress:</p> <ul style="list-style-type: none"> ▪ ‘It is going to be okay. You will not always feel this way.’ ▪ ‘Is there anything I can do for you?’ ▪ ‘I will stay with you until you feel better.’ ▪ ‘We can talk about it when you are ready.’ ▪ ‘Let us work through this together.’ ▪ ‘You are safe here.’ |
| Reassuring body language | <p>Simply saying reassuring things will not be enough to make a person feel better. Your body language must also show reassurance. Here are ways you can do that:</p> <ul style="list-style-type: none"> ▪ Make sure your body language is ‘open’ and non-threatening. This means your shoulders are relaxed, and your arms are not crossed. ▪ Smile calmly at the person. ▪ Maintain eye contact as long as the person is comfortable. ▪ Touch the person’s arm, shoulder or back to indicate your presence. Do this lightly and only if the person allows it. ▪ Angle your head towards the person to indicate that you are listening. |

Relieving Agitation Using Reassurance

Agitation is a state in which a person gets angry or frustrated, often as a response to discomfort or confusion. This can escalate to aggression if not addressed. You should be careful when reassuring an agitated person. Take precautions to ensure the safety of everyone involved. Below are some ways to relieve agitation by reassuring them.

| Reassurance | Strategies |
|------------------------------|---|
| Reassuring words and phrases | <p>Sometimes, simply saying 'okay' while the person is agitated can be enough to calm them. This conveys your acknowledgement of their anger without downplaying the cause of their emotions.</p> <p>Here are some other things you can say:</p> <ul style="list-style-type: none"> ▪ 'I understand why you are feeling upset.' ▪ 'I am sorry that something upset you.' ▪ 'Is it okay if I approach you?' ▪ 'Everything will be fine.' ▪ 'Let's discuss this when you're feeling more at ease.' |
| Reassuring body language | <p>Body language is very important when interacting with an agitated person. Here are some ways you can use it:</p> <ul style="list-style-type: none"> ▪ Approach the person calmly. Take measured and quiet steps towards the person. Do not make any sudden movements. ▪ Keep your hands where the person can see them. This helps reduce suspicion and defensiveness. ▪ Keep a calm and neutral facial expression. ▪ Maintain a safe distance between you and the person. This will prevent the person from feeling crowded and allow personal space. It will also help keep you safe in case the person shows aggression. ▪ If the person is calm enough and willing, lightly touch their arm, shoulder or back. |

2.3.2 Validation

Validation is the act of acknowledging and understanding a person's thoughts and feelings, validating their experiences as meaningful and valid. By doing so, you convey that it is acceptable for them to hold these thoughts and feelings, helping alleviate any sense of irrationality or confusion.

Validation therapy focuses on empathising with a person's reality. It is an alternative to reality orientation therapy discussed in Section 2.2.1. The graphic below summarises the difference between the two:

Validation therapy

- This meets the person at their current reality.

Reality orientation

- This brings the person back to the actual reality.

The idea behind this therapy is that some people regress to a period of their past for various reasons, which include the following:

- Unresolved issues they are grappling with
- A desire to relive past experiences
- A sense of limited control over their present circumstances

In validation therapy, you accept and acknowledge the person's reality as they perceive it. Instead of correcting their beliefs or engaging in arguments, this approach is rooted in showing respect for their self-esteem and dignity. By validating their experiences, they can find happiness from reliving moments from their past. This can contribute positively to their wellbeing and can serve as a preventive measure against potential feelings of aggression or depression.

The arguments in favour of validation therapy are as follows:

- People in advanced stages of dementia often struggle to maintain a firm orientation in the present. As a result, they may naturally revert to memories of the past. Constantly redirecting them to the present reality could further contribute to their confusion and disorientation.
- If people with dementia find contentment with their imagined state, there may be no need to disrupt their sense of comfort.
- Validating a person's reality provides them with a sense of comfort. This leads to a decrease in the prevalence of negative emotions and challenging behaviours.

Meanwhile, the arguments against validation therapy are as follows:

- Validation therapy enables the person to remain immersed in their imagined realities. Some view this as deceiving the person.
- The person might get used to being in that state. They might have a harder time returning to the present.

Generally, validation therapy follows two major practices:

| Acceptance of a person's reality | | |
|--|---|---|
| What it is | How it helps | How it is done |
| It means accepting what the person believes is real. It also means not pushing a different belief onto them when they are not receptive. | <ul style="list-style-type: none"> ▪ It respects their autonomy. ▪ It does not force them to confront a distressing present reality. ▪ It makes them feel heard and respected. | <ul style="list-style-type: none"> ▪ If the person is talking about a past event, do not stop them. ▪ Do not change the subject. ▪ Listen to what they have to say, and do not contradict them. |
| Acknowledgement | | |
| What it is | How it helps | How it is done |
| It means confirming that you heard and accepted what they believe. | <ul style="list-style-type: none"> ▪ It makes them feel understood. ▪ It allows them to work through unresolved issues. ▪ It does not invalidate their feelings. | <ul style="list-style-type: none"> ▪ Ask them questions about their current reality. For example, if they say they are late for work, you can ask them what they do at work. ▪ Demonstrate empathy by letting them know that you understand their feelings. |

Checkpoint! Let's Review



1. Reassurance means trying to ease someone's doubts through words and body language. In providing reassurance, you must be patient and positive.
2. Validation means accepting and acknowledging a person's reality. Validation helps make the person feel accepted and respected.
3. You can use reassurance and validation to help people who are distressed or agitated.



2.4 Provide Care Information and Opportunities for Discussion



It is important to communicate with the carers and families of people with dementia. You should set aside time to discuss the person's condition with them. These discussions can include the following:

- **Addressing their concerns**
 - Ask them if they have any concerns regarding the person. Concerns may include complaints or questions about the person's care.
 - Discuss with them how you can help address their concerns. If their concern is beyond your job scope, refer them to your supervisor or a health professional.
- **Giving or receiving recommendations**
 - Discuss any recommendations of the care team regarding the person's care. Inform them of the possible advantages and disadvantages of these recommendations.
 - If they bring up their own recommendations, discuss those with them as well. Collaborate to devise strategies to incorporate these recommendations into the person's care.

You should also keep them informed about the following:

Care of the person

- Therapies and medication given
- Changes in the care team
- Changes in the person's schedule or residence

Condition of the person

- Symptoms of disease progression
- Observed improvements or changes in behaviour

Care strategies for the person

- How they can care for the person at home
- How to best interact with the person

It is important to keep the carer and family informed about the person's care. This helps them identify how the person is doing. It also helps in maintaining consistency for the person. For example, your strategies should be consistent with those they use. It also allows them to raise their concerns and give feedback.

In communicating with carers and families, keep in mind that they are also having a hard time. When talking to them about their loved one, you must do so in a supportive manner. To do that, you should consider the following:

Empathy

Respect

Patience

Honesty

Compassion

When engaging with carers and families, consider the following:

- **Be empathetic and respectful.**
 - Acknowledge their concern for the person.
 - Acknowledge the emotional difficulty they face in watching their loved one's experience with dementia.
- **Be patient with their questions and complaints.**
 - Do not take complaints personally.
 - Answer their questions to the best of your knowledge and offer accurate information.
- **Show them that you care about the person.**
 - Talk to them about the person's strengths and interests.
 - Avoid discussing the person in a clinical manner; instead, approach them as a unique person.
- **Be honest but compassionate.**

If conveying challenging information, opt for truthful communication, but do so with tact and sensitivity.

The rest of this subchapter will discuss strategies you can use in communicating with carers and families in a supportive manner. These include strategies for providing care information and general discussions.



Setting Opportunities for Discussions

Discussions with a person's carer or family can either be formal or informal. *Informal discussions* are casual conversations with the carer or family member. *Formal discussions* can be scheduled meetings with the care team and the person's family. The person's care team includes the aged care workers and other health professionals involved in their care. These meetings may include the person themselves if they are able. In setting opportunities for discussion in a supportive manner, you can do the following:

| Strategy | Details |
|---|--|
| Work with their availability. | <ul style="list-style-type: none"> ▪ Ask them where and when they want to have the discussion. ▪ Find a schedule that can accommodate as many of the people involved as possible. |
| Create a good environment for discussion. | <ul style="list-style-type: none"> ▪ Ask them if they are ready and comfortable to discuss this with you. ▪ Prepare a place that is quiet, private and free from distractions. |
| Be prepared. | <ul style="list-style-type: none"> ▪ Prepare a list of points to discuss ahead of time. ▪ Ask the carer or family ahead of time if they have any topics they would like to discuss. ▪ Be ready with reports and documents about the person in case they will be needed. |

Communication Strategies for Providing Care Information

You should inform carers and family members about the person's care in a supportive manner. To do that, consider the following strategies:

| Strategy | Details |
|-------------------|---|
| Use simple terms. | <ul style="list-style-type: none"> ▪ Simplify language when describing therapies and medication. ▪ Minimise the use of technical or clinical jargon. |
| Listen actively. | <ul style="list-style-type: none"> ▪ Listen carefully to their concerns and address them as much as you can. ▪ Empathise when they express fear or doubt about any medication or therapy. |

| Strategy | Details |
|------------------------------|---|
| Provide further information. | <ul style="list-style-type: none"> ▪ Give them links to websites or videos that provide more information. ▪ Give them links to support networks that they can connect with if they want to. |
| Speak with confidence. | <ul style="list-style-type: none"> ▪ Prepare what you are going to say before meeting with them. ▪ Make sure that you know what you are talking about. Be ready to answer their questions. ▪ Speak with a confident tone to let them know that they can trust you. |

Checkpoint! Let's Review



1. It is important to keep a person's carer and family updated about their loved one's care.
2. Show empathy when communicating with the family and carer of a person with dementia.
3. In discussions with the carer or family, always be accommodating, supportive and prepared.



Learning Activity for Chapter 2

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

III. Support the Person to Participate in Activities According to the Individualised Plan

Activities are very important in the care of a person with dementia. Taking part in activities can help keep a person active. It can stimulate their minds and exercise their bodies. Many activities can be adapted for people with dementia. Part of your job as an aged care worker is supporting the person in participating in these activities. The activities will depend on the person's individualised plan. You can go back to Subchapter 1.1 to read about individualised plans.



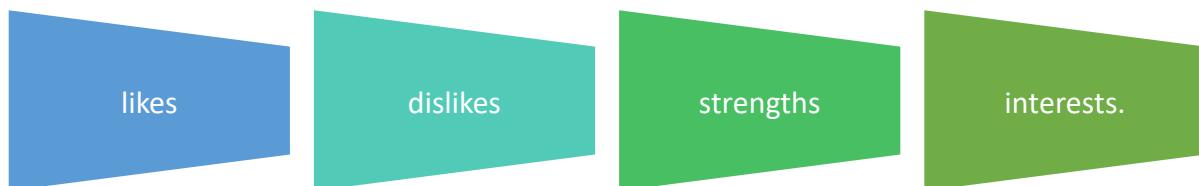
This chapter will discuss how you can identify activities for people with dementia. The discussion includes how to consider the person's wants and needs. Additionally, it will discuss the different types of support the person may need. It is important to know these things so you can best support the person when taking part in activities.

In this chapter, you will learn how to:

- Work with the person, carer and family to understand their skills and preferences
- Support the person to engage in activities that promote independence
- Identify the person's reminiscences and routines to provide preferred and pleasurable experiences
- Assist the person to maintain dignity of risk while balancing duty of care
- Support the person in using assistive technologies

3.1 Work With the Person, Carer and Family to Understand Their Skills and Preferences

Choosing activities that the person with dementia will enjoy is important. This will motivate them to take part in these activities. You should get to know the person to learn things about them. You should also consult their carer and family members to understand better who they are. To find activities suited for the person, you should understand their:



This subchapter will discuss how you can learn these things through collaboration. You must work with the person and their support system.

Understanding the Person's Likes and Dislikes

Gaining insight into the person's likes and dislikes is essential for tailoring activities they will enjoy. This understanding forms the basis for selecting engaging and meaningful experiences. To understand their preferences, consider the following approaches:

- Ask them what they like or dislike.
- Start conversations with them about certain topics to see their reaction. For example, start talking to them about cars and see if that topic engages them.
- Show them pictures of different activities. Ask them to express which ones they like or dislike by nodding or shaking their head in response.
- Take note of their choices when presented with options. For example, they may choose to listen to music over watching a movie.
- Observe how they react to something to see if they like it or not. For example, have them pick flowers during a morning walk. Observe if they seem happy or annoyed to do it.

Collaborating with carers, family members and others identified by the person can provide valuable insights into their likes and dislikes. By working together, you can effectively identify their preferences through the following methods:

- Ask them what the person likes or dislikes currently or in the past.
- Encourage them to engage in activities with the person. Observe their interactions and assess whether the person displays enjoyment or disinterest.

To summarise, you can do the following to know and understand a person's likes or dislikes:

| Work with the person | Work with carers, family or others |
|--|--|
| <ul style="list-style-type: none"> ▪ Ask them verbally. ▪ Ask them through pictures or gestures. ▪ Observe their actions and reactions during various activities. | <ul style="list-style-type: none"> ▪ Ask them about the person. ▪ Encourage them to spend time with the person and note their responses and expressions. |

Understanding the Person's Strengths

Knowing a person's strengths will help you tailor activities that align with their abilities. As persons with dementia may experience a decline in their skills, they might also face challenges to their self-esteem. Doing an activity that matches their strengths may help boost their confidence.

To understand the person's strengths by working with them, you can do the following:

- **Ask the person what they believe they can do well.** For example, they may believe they are good at cooking. Give them safe opportunities to showcase that skill.
- **Observe the person in their day-to-day life.** Note what skills they demonstrate. For example, the person may be good at interacting with others. You can find an activity for them that focuses on that.
- **Ask the person what they are proudest of in their life.** This will give you an idea of their strengths **and** what they are willing to put effort into.

To understand the person's strengths by working with a carer, family member or others identified by the person, you can do the following:

- **Ask them what the person is or used to be good at.** Discuss past roles or hobbies that the person excelled in, whether at work or at home.
- **Seek input on any newly developed skills or interests the person has displayed.** They may have noticed emerging talents that can be nurtured.

Understanding the Person's Interests

Knowing a person's interests will help you find activities that will keep them engaged. There may be activities that they are good at but not interested in. These activities will not be enjoyable for them despite utilising their strengths.

To understand the person's interests by working with them, you can do the following:

- **Observe what the person likes to watch or read about.** You may find a common topic among the media they enjoy. For example, they may like articles and TV shows about gardening.
- **Take note of the things the person likes to talk about.** For example, they may frequently talk about their grandchildren. This means they are interested in how their grandchildren are doing. You can arrange for them to do activities together.

To understand the person's interests by working with a carer, family member or others identified by the person, you can do the following:

- **Ask them what the person used to be interested in.** This can be the hobbies they had or things they collected in the past.
- **Ask if you can look at some things that the person has kept from their younger years.** This may give you insight into the person's interests.

Generally, to understand what would work best for the person, you should do the following:

Get to know them

Get to know their carer and family

Observe them closely



Checkpoint! Let's Review

1. It is important to understand a person's likes, dislikes, strengths and interests.
2. You can know these things by working with the person and their carer, family and others they have identified.

3.2 Support the Person to Engage in Activities That Promote Independence

After understanding the person's needs and preferences, you can help find activities for them to do. You should help them engage in activities where they can practise independence. These activities should meet their needs while also matching their preferences. Your job will be to support them in taking part in these activities. This support can be physical or emotional.

This subchapter will teach you how to identify activities suited to each person. You will also learn how to encourage the person to engage in those activities.

Activities That Promote Independence

Activities that promote independence are the ones that the person can do on their own. These will depend on the person's abilities. When thinking of activities, you should keep in mind the person's comfort and safety. Along with that, you should also prioritise their needs and preferences.

There are many modified activities that a person with dementia can do. Modified means you have altered the activity to accommodate the person's needs.

Below are some types of activities for people with dementia:



The activities that people with dementia take part in must be meaningful to them. This means the activities should imbue a sense of purpose and enjoyment. Meaningful activities will help them feel more motivated to participate. Deciding what activity is meaningful depends on each individual person. Therefore, taking the time to familiarise yourself with them becomes paramount, enabling a comprehensive grasp of their likes, dislikes, strengths and interests. Below are some specific activities that can meet a person's needs:

| Possible needs | Possible activities |
|---|---|
| Need to practise or maintain physical strength | <p>For people with dementia who can still walk:</p> <ul style="list-style-type: none"> ▪ Taking dance classes ▪ Gardening, such as watering plants, removing weeds or planting seeds in pots ▪ Swimming in shallow pools <p>For people with dementia who can no longer walk:</p> <ul style="list-style-type: none"> ▪ Doing aerobics activities or dance classes focusing on upper body movements ▪ Playing adapted sports, such as badminton, table tennis or darts |
| Need to practise fine motor skills | <ul style="list-style-type: none"> ▪ Doing art activities, such as drawing, painting or making clay models ▪ Making crafts, such as scrapbooking, sewing or knitting ▪ Doing chores, such as folding clothes |
| Need to keep the mind active | <ul style="list-style-type: none"> ▪ Doing crossword puzzles, word searches and other word games ▪ Playing board games, card games or physical puzzles ▪ Taking music lessons, such as singing or playing instruments |
| Need to socialise | <ul style="list-style-type: none"> ▪ Playing group trivia games or storytelling activities ▪ Participating in book clubs or movie discussion clubs ▪ Going to outdoor picnics or indoor dinner parties |

Remember the person's preferences when offering them an activity. It is important to respect their likes and dislikes. For instance, if the person needs to practise fine motor skills but has no interest in art, you can explore alternative options that align with their preferences. Tinkering electronics may be a more suitable and enjoyable choice.

Encouraging the Person to Engage in Activities That Promote Independence

Once you have identified the most suitable activities for a person, find ways to motivate and encourage their participation. You must help them stay engaged and involved in these activities. To identify if the person is engaged, observe if they are:

- Participating
- Observing others doing the activity
- Talking to others in the activity
- Showing positive body language
- Not falling asleep or zoning out

You must encourage the person to engage in the activities to ensure that they gain the benefits of the activities. While these activities promote independence, their effectiveness relies on the person's engagement.

You can encourage the person by applying the strategies below.

- **Find out what motivates them.**

People have different motivations that can encourage them to participate in activities. The different motivations may include the following:

- **Extrinsic motivation**

This refers to the external rewards a person may attain after engaging in a certain activity. For example, you may encourage the person by explaining to them that participating in dance classes can improve their physical strength.

- **Intrinsic motivation**

A person is intrinsically motivated when they decide to engage in an activity simply because they enjoy doing it or it is interesting to them.

It is important to find out what kind of motivation works for the person. Then, it would be best if you used this motivation to encourage their engagement.

- **Let them do the activity with people they are comfortable with.**

Schedule them to do activities with their friends or family members.

Give them time to get comfortable with the facilitators in a group activity.

- **Familiarise them with the activity first.**

- Before they fully join, you can let them walk through the area where the activity will occur. You can let them interact with the materials or the people there without the pressure of joining.
- Give them consistent reminders about the activity. Show them pictures or videos. Ask them questions and try to get them excited.

- **Give them reassurance.**

Let them know that they will do the activity on their own, but you are just there if they need help.

Assist in re-orienting them if they get confused or forget where they are.

Assure them that they are allowed to leave or stop if they want to.

This may also include giving them compliments and recognising their achievement related to the activities they engage in.

Encouraging the person will not only foster their participation but also lead them to increased engagement in the activities. However, you must also ensure that the activities meet their needs. You can do this by providing the support required to complete the activities. One effective approach is to enhance the physical accessibility and welcoming nature of the activities, making it easier for them to participate actively. Here are some ways you can do that:

- **Prepare a good area for them to perform the activity.**

- Make sure the area is free from things that can harm them. Examples are slippery surfaces, uneven ground or sharp objects.
- Avoid places with too much stimulation. Examples are areas with loud noises or bright and flashy lights.
- Identify the materials they need. Ensure that those materials are ready for them each time they attend the activity.

- **Schedule the activity at the best time for them.**
 - Make sure to schedule an activity for when they are most active or least tired.
If they seem more energetic in the afternoons, schedule activities then.
 - Do not overwhelm them with too many activities in one day. If they already have therapy in the morning, schedule an activity in the afternoon.
- **Provide them with adaptive tools and technology.**

Arrange for them to have any adaptive tools or technology that they need.

- These types of technology will be discussed further in Subchapter 3.5.

Examples of such tools and technology are text-to-speech devices and special grip devices.



Multimedia

The video provides helpful information about meaningful activities for people with dementia. The Alzheimer's Australia organisation presents it in Victoria. Below is the link to the video.

[Purposeful activities for dementia: Alzheimer's Australia VIC](#)



Further Reading

Access the link below for ideas on activities to do with people with dementia.

[Activities To Do With a Family Member or Friend Who Has Alzheimer's Disease](#)



Checkpoint! Let's Review



1. Part of your job is to support a person with dementia to participate in meaningful activities. Meaningful activities give a person purpose and enjoyment.
2. You should find activities that promote independence. These are activities that a person can do with little to no assistance.
3. These activities should be suited to their specific needs and preferences. This means you should consider what they like to do and how that can meet their needs.

3.3 Identify the Person's Reminiscences and Routines to Provide Preferred and Pleasurable Experiences

A *reminiscence* is remembering past events, usually associated with happy memories. For people with dementia, reminiscence and routine are both important for their wellbeing. As discussed in Section 2.2.2, some care providers use reminiscence as a form of therapy. It helps in keeping the person engaged and happy.

This subchapter will teach you how to identify the person's reminiscence and routines. You can use this knowledge to find good activities for them. You will identify what activities the person will prefer based on these things. You should know how to do this because it will help you make good decisions for them in terms of activities.

Identifying the Person's Reminiscences

To identify the person's reminiscences, you can ask the person, their carer, a family member or others that the person has identified. A person with dementia may often talk about their favourite memories of the past. You, the person's carer or their loved ones, may use these times of remembering to get to know the person better.

To identify the person's preferences through their reminiscence, you can ask them about the following:

Their childhood and school life

The jobs they have enjoyed

Their old hobbies and passions

Their favourite memories and proudest moments

If the person tends to believe they are in a different time or place, engage with them in that time or place. You can ask them to talk about the following:

- Where they are and what they want to do there
- Their favourite memories about that time or place

Similarly, you can ask the person's carer, family or others about these things. They may have witnessed the person reminiscing. You can ask them for information about the following:

What the person talks about

What memories make the person happy

What the person usually does when they are reminiscing

Identifying the Person's Routines

You can identify the person's routines through observation. You can also ask the person's carer, family or others they have identified about their home routines. A person in residential care likely has a schedule to follow. However, it is also important to note what they do between the things in their schedule. You can observe their daily routine if the person lives in a residential facility.

In observing their routine, look for the following:

What they do upon waking up

What they do during their free time

Where they like to go

Whom they like to talk to

When they are most active

What they do before sleeping

If the person lives at home or with a relative, you can ask their carer, family or others to observe the same things. Additionally, you can ask them the following:

- Do they have friends that they regularly visit?
- Do they have clubs or activities they regularly go to?
- What time do they wake up?
- When do they take naps?
- What time do they go to sleep?
- Where do they like to go when they go out?

Activities That Reflect the Person's Preferences

Knowing the person's reminiscences and routines will help you identify their preferences. In turn, this will help you find activities that reflect these preferences. Below are examples of activities based on reminiscences and routines:

| Preference from reminiscences | Activities based on preferences |
|--|---|
| <p>The person often talks about taking ballroom classes as a child and an adolescent. This tells you that the person enjoys ballroom dancing.</p> | <p>If the person is still mobile:</p> <ul style="list-style-type: none"> ▪ Let them take adult ballroom classes. ▪ Let them join or start a ballroom dance club in the community. <p>If the person is no longer mobile:</p> <ul style="list-style-type: none"> ▪ Find a program that provides ballroom opportunities for people with mobility issues. ▪ Let them watch ballroom performances. |
| <p>The person often talks about being the best writer in their class. They would also scribble random words and phrases on various books and notebooks. This tells you that the person loves to write.</p> | <ul style="list-style-type: none"> ▪ Provide the person with dedicated writing spaces and materials. ▪ Give the person an opportunity to share their writing with friends and family. ▪ Teach the person how to use a text-to-speech device if they struggle with writing. |
| Preference from routines | Activities based on preferences |
| <p>The person often goes to the garage to work on their car even though there is no car. This tells you that the person used to enjoy working on their car.</p> | <ul style="list-style-type: none"> ▪ Take the person to a local car show. ▪ Let the person volunteer or work part-time at a car repair shop. ▪ Find opportunities for the person to teach younger people basic car repair. ▪ Set up an activity using old tools for those that are not mobile. |
| <p>The person always asks to meet their friends at the park every weekend. This tells you that going to the park with friends is part of their routine.</p> | <ul style="list-style-type: none"> ▪ Organise board or card games for the person and their friends at the park. ▪ Find an exercise class for older people in or near the park. |

Activities That Provide Pleasurable Experiences

If you cater an activity to the person's preferences, they will most likely enjoy themselves. To provide pleasurable experiences, consider the person's likes and dislikes. Below are examples of pleasurable experiences based on a person's reminiscences and routines.

| Person's reminiscences | Possible activities |
|---|--|
| The person recalls having a lot of friends growing up. They talk a lot about their old friends and family. They are very chatty with their carer. | <p>Any activity that involves socialising, such as the following:</p> <ul style="list-style-type: none"> ▪ Going to community events ▪ Joining or starting clubs based on their interests ▪ Going for group walks or jogs |
| Person's routines | Possible activities |
| The person sets aside two hours each day to read books. They will then talk about those books to their carer. | <ul style="list-style-type: none"> ▪ Joining a book discussion club ▪ Taking trips to the local library ▪ Journaling about their favourite books |
| Upon waking up, the person would turn on the radio. They keep the radio on for the rest of the day. They say music makes them happy. | <ul style="list-style-type: none"> ▪ Attending an orchestra or choir concert ▪ Having a listening party with their friends and family ▪ Taking a music class for a simple instrument |



Checkpoint! Let's Review

1. To identify a person's reminiscences and routines, you can ask them, their loved ones and their carers. You can engage them to talk about their happy memories. You can observe what they do as part of their daily routine.
2. You can use the person's reminiscences and routines to identify activities that match their preferences and provide them with pleasurable experiences.

3.4 Assist the Person to Maintain Dignity of Risk While Balancing Duty of Care

Dignity of risk is recognising that a person with dementia has the right to make choices about their care. It acknowledges that these choices come with possible risks. You must respect their dignity by helping them carry out their choices despite the risks.

Here are some examples of choices that involve risks:

- A person with dementia wants to continue living at home without round-the-clock care. This choice involves the risk of them not having anyone there if they need help.
- A person with dementia refuses their blood pressure medication. This involves the risk of suffering from high blood pressure.

A person's dignity of risk is part of their right to autonomy over their care. As an aged care worker, you are responsible for ensuring that this right is upheld. The *Aged Care Quality Standards* also state that care providers must respect an older person's choices.

Duty of care refers to a person's obligation to their job. It lists what you should do as an aged care worker. Your duty of care relates to the *Charter of Aged Care Rights*. You must perform your duties to ensure that older people enjoy their rights.

Your duty of care as an aged care worker includes the following:

Providing safe and high-quality service

Treating people with dignity and respect

Informing people about their care

Helping people maintain independence

Preventing abuse and neglect

Giving people control over their decisions

Listening to people's opinions and feedback

Protecting people's privacy

Further Reading



You can read more about the Charter of Aged Care Rights below. You can see how the duty of care listed on the previous page helps uphold these rights.

[Charter of Aged Care Rights](#)

As an aged care worker, you must balance a person's dignity of risk while performing your duty of care. This means you should still give the person a choice to take risks and make decisions. However, it also means you must still ensure their needs are met despite the risks. To do this, you may take the following steps:

1. Identify the person's choice.
2. Assess the risk involved with their choice.
3. Find ways to reduce the risk while still respecting their choice.

These also apply to assisting people living with dementia in their chosen activities. Here are some examples of how you can respect a person's choice while performing your duty of care:

| Person's choice | Risk involved | Ways to reduce risk |
|--|--|---|
| Choosing to take cooking and baking classes despite having decreased hand control | Increased risk of cutting or burning themselves accidentally | <ul style="list-style-type: none"> ▪ Provide protective gear, such as gloves or oven mitts. If possible, provide safety knives and other alternatives to sharp utensils. ▪ Ensure that there is someone there who has first aid training. Ask if the person is willing to let someone help them with tasks like cutting or slicing. |
| Choosing to use a cane over a wheelchair when attending activities | Increased risk of falls and injuries | <ul style="list-style-type: none"> ▪ Ask them if they are open to physical therapy to strengthen their arms and legs. This will help them be more stable when using a cane. ▪ Provide them with a sturdy and non-slip cane. Make sure it is comfortable for them to use. |

Sometimes, your duty of care will outweigh the person's dignity of risk. These are only in extreme cases when the following is present:



In these cases, it is more important to prioritise the person's safety. These are situations where the person's choices will endanger themselves or others. For example, a person with compromised immunity may choose to attend large social gatherings. This choice poses a serious risk to the person's health. In this instance, your duty to ensure the person's safety outweighs their dignity of risk. In this situation, you can still reach a compromise with the person. For example, you can suggest they attend gatherings through video calls instead.

Legal and Ethical Requirements

Below is an example of a legal and ethical requirement relevant to your duty of care:

| Legal requirement | Ethical requirement | How to comply |
|--|--|---|
| Workers are responsible for taking care of their own health and safety and others who may be affected by their work. | <p>A healthcare worker must provide health services in a safe and ethical manner.</p> <p><i>Sourced from The National Code of Conduct for Health Care Workers (Queensland), used under CC BY-ND 4.0. © The State of Queensland (Queensland Health)</i></p> | <ul style="list-style-type: none"> ▪ Report any suspected case of abuse or neglect in clients living with dementia. ▪ Report hazards in the workplace and the client's environment. ▪ Do not come to work sick or if you experience illnesses. |

Below is an example of a legal and ethical requirement relevant to the dignity of risk:

| Legal requirement | Ethical requirement | How to comply |
|---|---|--|
| <p>Consumers have the right to make their own decisions about their care and service, as well as the right to take risks.</p> | <p>A healthcare worker must accept the right of their client to make informed choices concerning their health care. This includes ensuring they are aware of all the benefits as well as the risks of their choices.</p> <p><i>Sourced from The National Code of Conduct for Health Care Workers (Queensland), used under CC BY-ND 4.0. © The State of Queensland (Queensland Health)</i></p> | <ul style="list-style-type: none"> ▪ Support the person's decisions and choices in consultation with their substitute decision-makers or guardians. ▪ Regularly ask the person for their feedback on service delivery. ▪ Respect and uphold the person's choices and decisions while providing support in a safe environment. |

3.4.1 Work Health and Safety

Aside from reducing risks to the people in your care, you must also reduce risks to your own health and safety. Protecting yourself makes you better able to protect others.

The *Work Health and Safety Act 2011* protects your safety as an aged care worker. This Act states the duties of people in the workplace to maintain health and safety. Division 4, Section 28 talks about the duties of workers in the workplace.

These duties include the following:

- Taking care of your personal safety
- Ensuring your actions do not affect the health and safety of others
- Complying with organisational health and safety policies and procedures

Part 2 of the Act talks about the consequences of breaking health and safety rules. Part 3 talks about how and when to report incidences of work accidents.

Based on content from the Federal Register of Legislation at 22 November 2021. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Work Health and Safety Act 2011, used under CC BY 4.0.

States and territories also have their own work health and safety laws. They are all based on the national Act, with only minor changes. Here are the work health and safety laws for each state or territory:

| State or territory | Links |
|-------------------------------------|--|
| Australian Capital Territory | Work Health and Safety Act 2011 |
| Queensland | Work Health and Safety Act 2011 |
| Victoria | Occupational Health and Safety Act 2004 |
| New South Wales | Work Health and Safety Act 2011 No 10 |
| Northern Territory | Work Health and Safety (National Uniform Legislation) Act 2011 |
| Tasmania | Work Health and Safety Act 2012 |
| Western Australia | Work Health and Safety Act 2020 |
| South Australia | Work Health and Safety Act 2012 |

Below is an example of a legal and ethical requirement relevant to work health and safety:

| Legal requirement | Ethical requirement | How to comply |
|---|--|--|
| <p>A person conducting a business undertaking must have appropriate systems in place for identifying hazards and managing risks in the workplace.</p> | <p>A healthcare worker must adopt standard precautions for the control of infection in the course of providing treatment or care.</p> <p><i>Sourced from The National Code of Conduct for Health Care Workers (Queensland), used under CC BY-ND 4.0. © The State of Queensland (Queensland Health)</i></p> | <ul style="list-style-type: none"> ▪ Follow organisational policies and procedures for mandatory reporting. ▪ Report to the supervisor any indicators of abuse or neglect. |



Lotus Compassionate Care

Lotus Compassionate Care is the simulated organisation that provides services in disability support, home and community support, and residential care referenced in our learning resources.

Their policies and procedures are published on their site. You can access them through the link below:

[Policies & Procedures](#)

(username: newusername password: new password)



Checkpoint! Let's Review

1. Respecting a person's dignity of risk means acknowledging and upholding their right to make choices that involve risks.
2. Your duty of care refers to the care that you are responsible for providing to people with dementia.
3. To uphold a person's dignity of risk while fulfilling your duty of care involves respecting their autonomy in decision-making while also working to minimise potential risks associated with those choices.
4. Aside from the safety of the people in your care, you must also ensure your own safety. The Work Health and Safety Act 2011 helps care for your wellbeing at work. States and territories have their own version of this Act.



3.5 Support the Person in Using Assistive Technologies

Assistive technology refers to a product used to help individuals perform certain tasks. A wide range of assistive technology is available for people in aged care.

People with dementia can use assistive technologies to help them in activities. These technologies allow them to continue doing things on their own. In this subchapter, you will learn how to support the use of assistive technologies for people in your care.

3.5.1 Scope and Breadth of Assistive Technologies

Assistive technologies cover a wide scope of life domains, providing solutions to address a wide range of needs. *Scope* refers to the range of activities where a person can use assistive technology. *Breadth* refers to the range of technologies tailored for specific activities. This section will discuss assistive technologies under these life domains.

The following table explains how assistive technologies can help the identified life domain and presents examples of assistive technologies.

| Life domain | How assistive technologies can help | Examples of assistive technologies |
|-------------|--|---|
| Self-care | Assistive technology designed for self-care activities helps with bathing, dressing or washing hair. They can help people who may have difficulty moving and reaching around. | <ul style="list-style-type: none"> ▪ Adapted items of clothing ▪ Dressing sticks ▪ Shower grab rails ▪ Bath lifts |
| Continence | Assistive technologies help address a range of continence issues, including occasional leakage, total loss of bladder or bowel control and those that may be caused by control stress, urge, overflow and functional incontinence. | <ul style="list-style-type: none"> ▪ Urinary and faecal collector bags ▪ Urinals ▪ Bedpans ▪ Bed and chair protectors |
| Hygiene | They include equipment to assist with bathing and toileting. They also include products you use in the bathroom and design features that you may decide to incorporate into the bathroom's design. | <ul style="list-style-type: none"> ▪ Change tables ▪ Showering aids ▪ Fitted baths |

| Life domain | How assistive technologies can help | Examples of assistive technologies |
|-------------------------|--|--|
| Communication | They support people with difficulty with speaking, listening or reading written materials. | <ul style="list-style-type: none"> ▪ Tablets and styluses ▪ Visual cue cards ▪ Emergency call systems |
| Mobility | They provide support to people with reduced mobility. | <ul style="list-style-type: none"> ▪ Wheelchairs ▪ Walkers |
| Transferring | They provide support for transferring and moving people with reduced risk. | <ul style="list-style-type: none"> ▪ Transfer boards ▪ Gait belts |
| Cognition | They are used to help people with cognitive disability, such as Alzheimer's disease. | <ul style="list-style-type: none"> ▪ Cueing aids ▪ Learning software |
| Memory loss | They are used to support people with problems remembering events or memories. | <ul style="list-style-type: none"> ▪ Memory aids ▪ E-calendars ▪ Timers |
| Vision | They support people with limited vision or people who are blind. | <ul style="list-style-type: none"> ▪ Screen magnifiers ▪ Braille watches |
| Hearing | They can include technology used to support communication with people who are hard of hearing or deaf. | <ul style="list-style-type: none"> ▪ Hearing aids ▪ Sound amplifiers ▪ Microphones |
| Daily living activities | They support people daily with routine activities. | <ul style="list-style-type: none"> ▪ Stocking aids ▪ Buttonhooks ▪ Multi-purpose openers |

| Life domain | How assistive technologies can help | Examples of assistive technologies |
|-----------------------|--|--|
| Recreation | They support people's participation in recreational activities. | <ul style="list-style-type: none"> ▪ Adapted gardening tools ▪ Adapted board games ▪ Adapted sporting equipment |
| Leisure | They support people's rest and enjoyment. | <ul style="list-style-type: none"> ▪ Adapted seat cushions ▪ High back chairs ▪ Wheelchair accessible tents |
| Education | They support people with their educational needs, including those with learning disability. | <ul style="list-style-type: none"> ▪ Computer programs ▪ Learning applications ▪ Graphic organisers |
| Employment | They help people with work. This may vary based on the nature of employment and the individual needs of the person. | <ul style="list-style-type: none"> ▪ Reading pens ▪ Speech recognition software ▪ Exoskeletal arms |
| Home | They support people in their homes. They may include those used by carers and people with disability. | <ul style="list-style-type: none"> ▪ Smart electronic devices ▪ Smart speakers and screens ▪ Sensors or alarm systems |
| Care residence | They support people in care residences. They may include those adapted to facilities, carers and people with disability. | <ul style="list-style-type: none"> ▪ Smart electronic devices ▪ Smart speakers and screens |

| Life domain | How assistive technologies can help | Examples of assistive technologies |
|---------------------------------|---|--|
| Outdoors | They support people in outdoor activities and are adapted to the outdoor environment. | <ul style="list-style-type: none"> ▪ Ramos ▪ Adapted entryways ▪ Locator and location monitoring services |
| Eating | They support people when eating, including assisted feeding. | <ul style="list-style-type: none"> ▪ Robotic eating equipment ▪ Adaptive utensils and plates |
| Drinking | They support people in drinking. | <ul style="list-style-type: none"> ▪ Double-handled mugs ▪ Standard disposable straws |
| Pressure area management | They are used to manage and relieve pressure areas. They may include pressure-prevention devices used to prevent injury caused by pressure or friction. | <ul style="list-style-type: none"> ▪ Repositioning pads ▪ Sensor socks |
| Carer support | They are used to assist carers with their roles in providing support. | <ul style="list-style-type: none"> ▪ Two-button pagers ▪ Transfer slings ▪ Specialised vehicles |

3.5.2 Role of Assistive Technologies

Assistive technologies help people with dementia with their activities. With proper support, people can feel empowered and independent when joining activities. Assistive technologies can help in the following aspects:



Maintaining and promoting independence



Enabling inclusion and participation

Maintaining and Promoting Independence

Independence is important to people with dementia. Fostering a sense that they can still accomplish tasks autonomously is important. With assistive technology, they may need less assistance from other people. Here are some examples of ways technology helps maintain and promote independence:

- **Maintaining independence**

- Adaptive utensils allow a person to feed themselves still. As long as they can lift and move the utensils independently, they will not need a carer to feed them.
- Electric wheelchairs help those who can no longer operate manual wheelchairs. These grant them mobility without needing assistance.
- Shower chairs allow a person to continue to bathe independently. The chair makes it safe for them to stay in the shower without assistance.

- **Promoting independence**

- A person who usually gets help getting dressed can learn how to use dressing aids. These enable them to develop the confidence to dress independently.
- Communication devices empower a person to speak up for themselves. These enhance their ability to express their needs and opinions.
- Mastery of automatic appliances empowers them to perform household tasks independently.



Enabling Inclusion and Participation

Inclusion means the involvement of everybody in an activity regardless of their abilities. This happens when everyone has access to the resources they need to engage in an activity. *Participation* means taking an active part in an activity instead of observing. Assistive technologies enhance the inclusion and participation of people with dementia. They enable people with different needs to take part in activities with others. They also enable people with different needs to do activities that others can do. Here are some examples of how assistive technologies enable inclusion and participation:

- **Enabling inclusion**

- Canes, walkers and wheelchairs empower people with mobility issue to join community walks or social trips with other people.
- Braille books and audiobooks allow people with low vision to partake in reading. They can join book clubs and book discussions with their friends.
- Elevators and wheelchair lifts enhance access to higher floors, accommodating a wider range of people.

- **Enabling participation**

- Text-to-speech devices allow more people to participate in any conversation. These make them able to engage with others in the activity.
- Ergonomic furniture enhances comfort during learning activities. This promotes active engagement in the activity.
- Adaptive cleaning tools allow people to take part in cleaning up after an activity. This helps make them feel like an active contributor to the activity.

3.5.3 Supporting the Person's Use of Assistive Technologies

Below are some ways you can support a person's use of assistive technologies:

Helping a person get the assistive technology

Teaching a person to use assistive technology

Ensuring that the assistive technology is helping

Adjusting the use of assistive technology as needed

- **Helping a person get the assistive technology**

- Consider the person's financial situation. Ensure that you will suggest something that the person or their family can afford.
- Help the person or their family apply for insurance or financial help to get the technology.
- Connect the person with organisations that provide the technology you have identified.

- **Teaching a person to use assistive technology**

- Study the technology and learn how to use it. Show the person how to use the technology. Show them how the technology will help them.
- Assist the person in getting used to the technology. Encourage them to use it more often.
- Observe the person the first few times they use the technology. Provide guidance as needed. Ask them if the technology feels okay for them.
- Teach the person or their carer how to maintain their technology. This could include cleaning and checking for damage.

- **Ensuring that the assistive technology is helping**

- Ask the person or their carer if they feel that the technology is helping them. Take note of their comments and issues.
- Observe if the person is showing more independence and participation.

- **Adjusting the use of assistive technology as needed**

Address any issues that the person has brought up. You can do this by modifying or changing the technology used.

Checkpoint! Let's Review



1. Assistive technologies help people with dementia perform different tasks. They cover a wide range of life domains.
2. Assistive technologies help maintain and promote independence in people with dementia. They also enable inclusion and participation in activities.
3. You can help identify what assistive technology can help a person by:
 - Identifying their needs
 - Identifying what technology is available
 - Matching the technology to meet their needs
4. You can support a person's use of assistive technology by:
 - i. Helping them get the technology
 - ii. Teaching them to use the technology
 - iii. Getting their feedback on the technology



Learning Activity for Chapter 3

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

IV. Use a Strengths-Based Approach to Meet the Person's Needs



A *strengths-based approach* focuses on using a person's strengths rather than dwelling on perceived shortcomings. It highlights the existing abilities of the person and explores how they can be leveraged to address various needs. This is an approach that emphasises getting to know a person. It means looking beyond their illness or deficits.

This approach was created in response to the deficit-based approach. A *deficit-based approach* focuses on what is wrong or what is missing. Then, it finds solutions to fill those gaps. In contrast, the strengths-based approach looks at what is already there. Then, it uses those to address additional needs.

This chapter will discuss identifying a person's needs and what causes them stress. Then, you will learn how to use the person's strengths to address those things. It is important to learn how to use a strengths-based approach. For people with dementia, focusing on their strengths helps boost their self-worth.

In this chapter, you will learn how to:

- Refer to the individualised plan to learn identified behaviours and potential triggers
- Recognise behaviours of the person that indicate stressors
- Reduce stressors and meet the person's needs
- Implement strategies to reduce the likelihood of negative outcomes

4.1 Refer to the Individualised Plan to Learn Identified Behaviours and Potential Triggers

Identified behaviours in this context are a person's concerning behaviours. *Potential triggers* are things or situations that may cause these identified behaviours. These things are usually discussed in the person's individualised plan. Identified behaviours are usually the behaviours that the individualised plan wants to reduce. To do that, you must help prevent the person from encountering their triggers.

This subchapter will discuss the identification of triggers for people with dementia. It will also discuss how you can gain awareness of a person's identified behaviours and triggers.

Examples of Identified Behaviours

A person's individualised plan lists their personal goals. These goals may include reducing behaviours of concern. You must read a person's individualised plan to identify these behaviours. It is important to identify these behaviours to know what to watch out for. Examples of possible concerning behaviours include the following:

| Type of behaviour | Examples of behaviour |
|--|---|
| Physical aggression | <ul style="list-style-type: none"> ▪ Hitting self with hands or objects ▪ Hitting others with hands or objects ▪ Throwing things at others |
| Verbal aggression | <ul style="list-style-type: none"> ▪ Insulting or yelling at self ▪ Insulting or yelling at others |
| Sexually inappropriate behaviour | <ul style="list-style-type: none"> ▪ Touching self inappropriately in public ▪ Touching others inappropriately |
| Resisting care | <ul style="list-style-type: none"> ▪ Refusing assistance with mobility ▪ Refusing to eat, drink or bathe ▪ Refusing to talk to family or aged care workers |
| Other harmful or dangerous behaviours | <ul style="list-style-type: none"> ▪ Wandering or running away ▪ Approaching or going with strangers |

Identification of Triggers

It is important to identify what triggers a person's identified behaviour. The person's individualised plan may contain observations about potential triggers. This is why it is important to refer to a person's individualised plan continuously. Below are some examples of possible triggers for people with dementia:

| Type of trigger | Examples of triggers |
|-----------------|--|
| Medical | <ul style="list-style-type: none"> ▪ Side effects of medication ▪ Pain, such as headaches or body aches |
| Environmental | <ul style="list-style-type: none"> ▪ Sudden change in environment or routine ▪ Too much or too little stimulation ▪ Lack of cues or ways for them to orient themselves ▪ Mess or clutter |
| Psychological | <ul style="list-style-type: none"> ▪ Inability to express themselves ▪ Separation from a loved one ▪ Helplessness or depression |

Other than reading the individualised plans, there are other ways to identify triggers. You can do the following:

- **Observe the person closely.** When you spot an instance of an identified behaviour, take note of what caused it. This could be an event that happened right before or much earlier. This could also be something about the surroundings.
- **Ask other care team members about what they have observed about the person.** You can also ask the person's family members.
- **Read up on the medication that the person is taking.** Check if the medication has any behavioural side effects.
- **After a behaviour has passed, ask the person to talk about what caused it.** Do this when they are calm enough to discuss it with you. They may be aware of what triggered them.

Learning a person's trigger will help in lessening identified behaviours. You can help the person avoid triggers that lead to the behaviour. You can also suggest therapy if possible. Therapy can help the person overcome their triggers. In situations where the trigger cannot be avoided, being well prepared for potential ensuing behaviours becomes crucial.

Checkpoint! Let's Review



1. An identified behaviour is a behaviour that needs to be addressed. A potential trigger is an event or situation that can cause an identified behaviour.
2. Read their individualised plan to learn a person's identified behaviours and triggers.
3. Identifying the triggers that lead to a person's behaviours is important. This will help you address or lessen the identified behaviours.



4.2 Recognise Behaviours of the Person That Indicate Stressors



Some changes in behaviour result from the stress that a person with dementia experiences. Stress can come from events, objects or even people. Unmet needs could also be a stressor. When a person is not having their needs met, it can cause pain and frustration. This is because they may be unable to provide for these needs.

In this subchapter, you will learn how to recognise changes in behaviour that show signs of stress. These include behaviours that come from unmet needs. You should recognise when a person in your care is experiencing stress. This will allow you to do something about that stressor.

4.2.1 Types of Stressors and Their Impact

Different stressors affect a person with dementia. These stressors are divided into the following:



Physical Stressors

These are stressors caused by problems with the person's health. This could include issues with the following:

| Physical stressor | Impact |
|-------------------|--|
| Infection | Infections can lead to serious illnesses, which take a toll on the person's body. This could cause prolonged hospitalisation or even death. In addition to physical pain and discomfort, it may also evoke feelings of fear or distress in the person. |
| Nutrition | Poor nutrition is detrimental to the overall health of a person. It could make the person feel weak and more prone to illnesses, putting additional stress on their bodies. |
| Dehydration | Dehydration manifests through physical symptoms such as dizziness, headaches and overall tiredness. These symptoms can be mistaken for other, more serious illnesses, which can cause additional mental stress for the person. |
| Continence | As a person's bladder control diminishes, feelings of shame and hopelessness can arise. This could also lead to personal hygiene issues that may escalate to more serious illnesses if not addressed immediately. |
| Pain | Any prolonged, unaddressed physical pain can lead to tiredness, irritation or even aggression. Pain may also signal an underlying health issue that needs urgent medical care. |

Watch out for behaviours that may result from physical stressors. These behaviours include the following:

Showing a sudden lack of energy or decrease in physical activity

Refusing to eat, drink or go to the bathroom

Being increasingly irritated and agitated

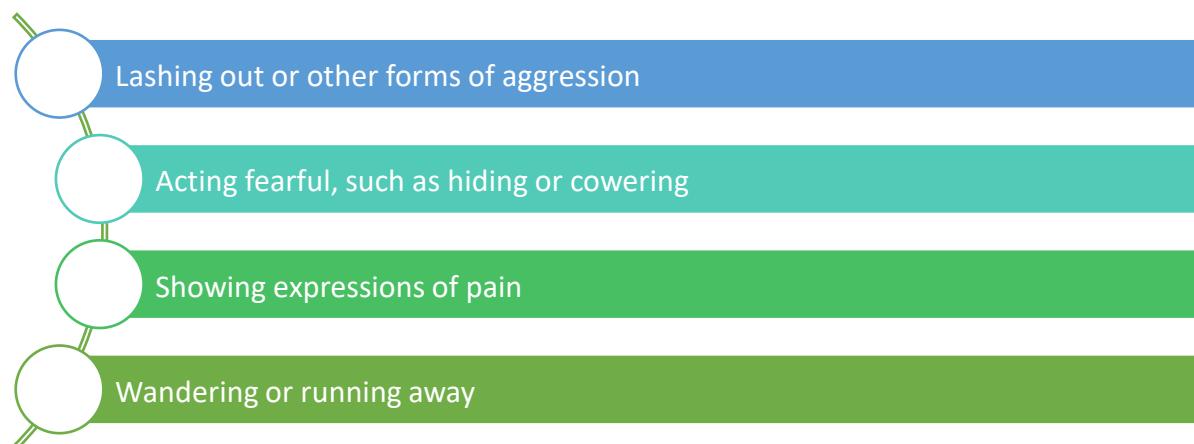
Crying out, moaning or other vocalisations indicating pain

Environmental Stressors

These are stressors that come from the person's surroundings. These could be from the things surrounding a person or the events happening to them. Below are some examples of environmental stressors and their impact.

| Environmental stressor | Impact |
|------------------------------|--|
| Noises, lights and clutter | These things could cause overstimulation. Things that are too bright, loud or busy can lead to feelings of disorientation. This will then lead to stress, fear and possible aggression. It can also lead to increased tiredness or pain. |
| Natural disasters | Any natural disaster can cause feelings of fear. This fear can lead to aggressive or avoidant behaviours. Some people with dementia may even experience hallucinations in the form of flashbacks. |
| Crowds and social gatherings | Large numbers of people, especially strangers, can also cause fear and stress. It may also increase the chances of a person catching an illness. This illness will then lead to further feelings of pain and discomfort. |
| Changes in the environment | If a person gets moved to a new environment, it can cause stress and confusion. Similarly, the arrival of new people or objects in a space can cause these feelings. This may take away the person's sense of safety. |

You should watch out for behaviours that may result from environmental stressors. These behaviours include the following:



Accumulated Stressors

Accumulated means slowly built up over time. Accumulated stressors are things that may have started as minor issues. However, they became bigger issues as time passed. These types of stressors may be easy to miss in the beginning.

Below are some examples of stressors that could accumulate over time:

| Accumulated stressors | Impact |
|-----------------------------------|--|
| Decline in health | Age, disease progression and poor diet can lead to a slow health decline. Declining health can lead to stress caused by illness and medical costs. It can also lead to increased tiredness and decreased motivation. |
| Dissatisfaction with care | A person with dementia may feel that they are not receiving adequate care. They may notice this in small ways but decide against expressing it. If not addressed, this dissatisfaction may build up over time. This can cause frustration and anger. It may even lead the person to refuse care. |
| Separation from loved ones | When a person is moved into a residential home, they may start seeing their loved ones less often. Visits may continue to lessen over time. This may lead to feelings of depression and isolation. |
| Fear about their condition | A person in the early stages of dementia is often aware of their condition. They may have researched their disease and know what is to come. This can cause feelings of dread and despair. It can also lead to a lack of motivation. |

You should watch out for changes in behaviour that may result from accumulated stressors. These behaviours include the following:

Changing eating habits, such as eating more or eating less

Being aggressive towards the carer

Exhibiting avoidant behaviours, such as ignoring carers

Expressing feelings of sadness or isolation

Exhibiting other general changes in attitude or usual behaviour

Cumulative Stressors

Cumulative is when different things come together. Cumulative stressors are when all the different stressors in a person's life pile up. This happens when there are multiple stressors that are not addressed.

Cumulative stressors are a combination of different stressors for a person with dementia. These stressors may include, but are not limited to, the following:



Environmental stressors

Disease progression

Financial issues

Family issues

Physical health issues

Mental health issues

When stressors add up, people with dementia may encounter difficulties managing their wellbeing. Their struggles with their memories and abilities can worsen these difficulties. Expressing their needs might be challenging, leading to difficulty in seeking assistance. As a result, they could become overwhelmed by stress, which may manifest in various physical issues, including:

- Losing sleep or having bad sleep quality
- Unintentionally losing or gaining weight
- Having a weakened immune system

Stress can also cause behavioural changes that you can watch out for. These behavioural changes include the following:

- Exhibiting sudden symptoms of depression, such as isolating themselves from others
- Lacking the motivation to do anything
- Being aggressive, such as hitting or throwing things
- Having emotional outbursts, such as crying or yelling
- Refusing to do things like eating or bathing

Unmet Needs

As discussed earlier, some behaviours are the results of unmet needs. These needs could be biological, emotional or social. When a person faces unmet needs, it can cause stress, triggering negative behaviours. Identifying these behaviours will help you identify the person's unmet needs. This will then allow you to address those needs.

Below are a few examples of behaviours that may stem from unmet needs.

| Unmet need | Behaviours |
|--------------------------------------|---|
| Need for safety | <ul style="list-style-type: none"> ▪ Being aggressive The person may become aggressive towards the people around them. This can be a way of defending themselves from a perceived threat. They may not recognise that they are in a safe place. ▪ Avoiding The person may hide or run away from aged care workers or family members. These behaviours are also ways for them to protect themselves. |
| Need for food or water | <p>Hoarding</p> <p>This happens if the person has experienced a significant lack of food or water. They may start hoarding or stealing food. This is because they may believe that they will not have enough.</p> |
| Need to understand what is happening | <ul style="list-style-type: none"> ▪ Wandering When a person is confused about where they are, they may wander. This means they may walk around aimlessly and get lost. This may be a result of them looking for something familiar. ▪ Resisting care A person may not understand why someone is assisting them. This may lead to confusion about an aged care worker trying to feed or bathe them. They may resist care as a result of this confusion. |

Multimedia



The video below explains the types of behaviours that come from unmet needs:

[Managing Behaviours of Concern 3 Types of Behaviours, Unmet Needs](#)

Recognising Changes in Behaviours from Stressors

Having familiarised yourself with the various behaviours stemming from stressors, spotting them becomes more manageable. You can recognise these behaviours by doing the following:

- **Be familiar with the person's usual behaviour.** Knowing their usual behaviour will help you notice if they are acting differently.
- **Observe the person closely whenever you interact with them.** Pay attention to their actions and responses when interacting with you.
- **Recall the possible behaviours caused by stressors that you have read about earlier.** Identify if the person is showing any of those behaviours.
- **Observe if there are any changes in the person's life that could be causing them stress.** Consult their family members and other carers to gather insights.

Checkpoint! Let's Review



1. Some behaviours are a result of stressors, such as unmet needs.
2. Behaviours from unmet needs can include aggression, avoidance or resistance to care.
3. Other stressors for people with dementia include environmental, accumulated and cumulative stressors.



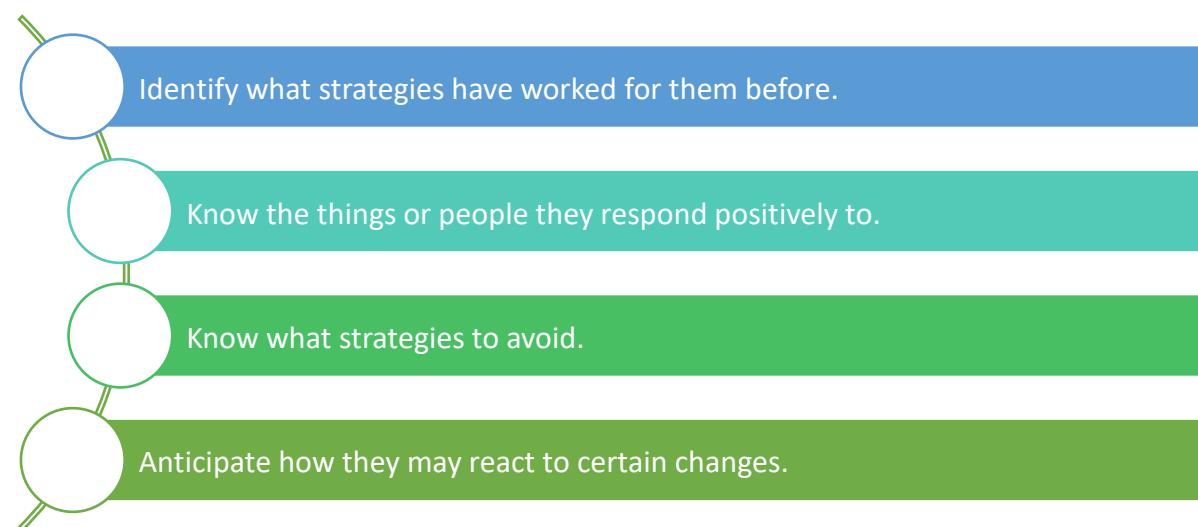
4.3 Reduce Stressors and Meet The Person's Needs

Previously, you learnt about the different things that may cause a person stress. You also learnt how stress could contribute to certain behaviours. In this subchapter, you will learn how to find strategies that can reduce those stressors. Reducing stressors and meeting the person's needs will also reduce concerning behaviours. To find these strategies, you must know the person well. You should have an idea of what works or does not work for them. You should also know what things will help lift their mood or reduce their stress.

It is important to use your knowledge of the person to determine these things. What works for one person may not work for others. The strategies you use must be customised to each person in your care. It is also important to determine strategies first before acting on them. This ensures that you have a plan before implementing any interventions.

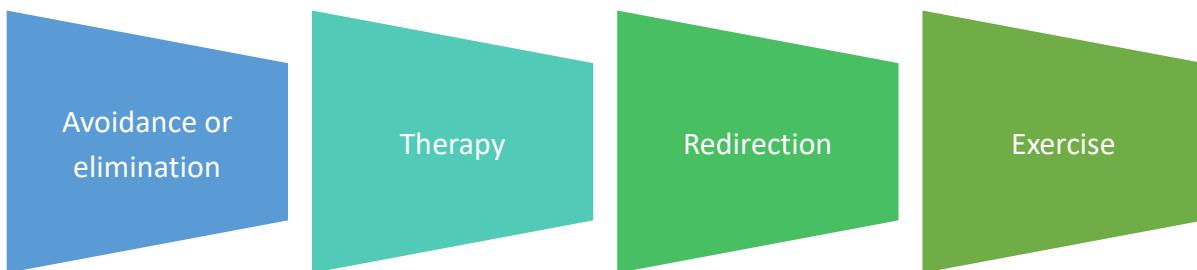
Using Your Knowledge of the Person

Using your knowledge of the person means analysing what you know about them. This includes their likes, dislikes and personalities. This will help you choose which strategies are more likely to affect them positively. To use your knowledge of the person to determine strategies, you can do the following:



Strategies to Reduce Stressors

Reducing stressors means eliminating or lessening the person's exposure to them. There are different strategies you can use to do this. Some strategies include the following:



■ **Avoidance or elimination**

- Prevent the person from encountering their stressors.
- Remove the stressors from the person's environment.
- Use these strategies for small stressors in the environment. For example, you can help the person avoid big crowds. You can also remove loud noises or clutter.

■ **Therapy**

- The person could undergo psychotherapy to deal with emotional stressors. This could teach them coping skills to handle stressors that are not avoidable.
- The person could undergo physical therapy to address any physical stressors. Physical therapy can help them deal with body pain or improve limited mobility.

■ **Redirection**

- Divert the person's attention away from something upsetting.
- Use these as a temporary solution to present stressors. For example, you can physically direct them away from an environmental stressor.
- Redirect people with words. For example, if a certain topic is a stressor for them, you can gently shift the topic of the conversation.

■ **Exercise**

- Exercise is known to boost a person's mood. Even light exercise that does not strain the body can be helpful.
- Exercising can reduce some physical stressors, such as poor physical health. It can also help the person release some emotional stress.

Strategies to Meet Needs

Subchapter 4.2 discussed how to identify behaviours that stem from unmet needs. After identifying those behaviours, you must then address the needs. The following are some examples of strategies to meet a person's needs:

- **Checklists** – Make a checklist of the person's daily physical needs. These could include food, medication or exercise. This ensures that the person has all their daily necessities provided.
- **Discussions** – Set aside time to talk to the person about their needs. Assure them that they can open up to you. Ask them if there is anything that they feel they are not getting. Regularly ask them how they are feeling and if they are okay. This can help address their need for conversation and companionship. It can also help address their need to feel safe and cared for. Similarly, you can have discussions with their family. Ask questions to ensure that their needs are being met at home.
- **Individualised plans** – Familiarise yourself with the person's individualised plan. This helps ensure that you are aware of all their needs. It is important to keep the individualised plan updated. If you have noticed behaviour from an unmet need, document it and discuss it with the person's care team during the subsequent plan discussions.
- **Activities** – A person needs leisure and recreation. Activities are a way to help meet a person's need for socialisation and enjoyment. You can read about different activity options in Chapter 3.



Checkpoint! Let's Review

1. You should get to know a person to identify what strategies will work for them.
2. You can use avoidance, elimination or redirection to reduce stressors. Therapy and exercise can reduce the impact of these stressors.
3. You can make lists and have discussions to meet a person's needs. You can also provide them with activities based on their preferences.

4.4 Implement Strategies to Reduce the Likelihood of Negative Outcomes

After identifying strategies, you should also know how to implement them safely. This will help in preventing adverse outcomes for a person with dementia. It will also help prevent these adverse outcomes for yourself and others. *Adverse outcomes* refer to the unexpected consequences of stressors and unmet needs. They are usually negative or unfavourable to the person living with dementia and others. In this subchapter, you will learn how to implement strategies that minimise adverse outcomes. Learning how to implement strategies is important. It ensures that the actions you take will help instead of harm.

The previous chapter listed some strategies that you can use. As discussed, each person will need a different strategy depending on what works for them. You will use these strategies to address concerning behaviour. You may take the following steps:



1. Assess the situation.

- Briefly analyse what is happening and what has caused it.
- Consider if there is anything that poses a risk to anyone's safety.

2. Identify a strategy to use.

- Think about the different ways you can address the situation.
- Recall if the specific situation has happened before. Identify what strategy was used then and if it worked.

3. Take action.

- Carefully implement the strategy you have identified.
- Prioritise the person's safety and dignity during the intervention.
- Minimise sudden movements to avoid undue attention unless there is an emergency.

4. Debrief.

- Wait for the person to calm down before talking to them. Ensure the person's physical and mental wellbeing.
- Discuss with them what happened and why. Reassure them. In doing this, use communication techniques that work for them.

Read the example below to understand how to apply the steps discussed.

| Situation | |
|--|---|
| A person with dementia is attending a social event in their residential home. They enjoyed the music and watched others dance. However, they started showing signs of agitation when a certain song came on. | |
| Steps | Application |
| 1. Assess the situation. | <ul style="list-style-type: none"> ▪ Take note of when the person starts getting agitated. Remember the song that was playing when it happened. ▪ Observe the person to see if they look like they may hurt themselves or someone else. |
| 2. Identify a strategy to use. | <ul style="list-style-type: none"> ▪ Identify if you can use the <i>avoidance or elimination strategy</i>. Check to see if there is a way to remove the person from the situation quietly. ▪ Alternatively, check if changing the song will calm the person down. |
| 3. Take action. | <ul style="list-style-type: none"> ▪ Ask the facilitator of the event if they can change the song. ▪ If changing the song does not work, lead the person away from the event. Do this as quietly as you can to avoid drawing attention. |
| 4. Debrief. | <ul style="list-style-type: none"> ▪ Bring the person to a quiet area to calm down. ▪ Gently ask the person why they think they became agitated. If they are not able to answer, do not force it. Let them do a different activity instead. |

4.4.1 Restrictive Practices

Restrictive practices are interventions that limit a person's movement. A restrictive practice is any practice that restricts the rights or freedom of movement of a care recipient. From 1 July 2021, the changes in the *Quality-of-Care Principles 2014* have been enacted to enhance the protocols for restrictive practices. These revisions include the replacement of the term 'restraint' with 'restrictive practice'.

A practice is considered restrictive if it does any of the following:

Prevents a person from moving physically

Restricts a person's access to their environment

Renders the person mentally unable to act

Renders the person psychologically unable to act

Ideally, restrictive practices are only used as a last resort. It is used to ensure the safety of everyone involved.

The *Quality-of-Care Principles 2014* lists the following five types of restrictive practices:

| Type of restrictive practice | Meaning |
|--------------------------------|---|
| Physical restraint | Physically restraining someone means using physical force to limit a person's movement (e.g. physically holding a person in a specific position). |
| Chemical restraint | Chemically restraining someone means using medication or substances to calm a person down (e.g. using a sedative). |
| Environmental restraint | Environmentally restraining someone means limiting their access to parts of their environment (e.g. not allowing a person to go outside). |
| Mechanical restraint | Mechanically restraining someone means using a device to limit a person's movement (e.g. using bed rails or using a lap belt). |
| Seclusion | Secluding someone means confining a person by themselves without a way to escape (e.g. locking someone in their bedroom). |

Acceptable Use of Restrictive Practices

The *Quality-of-Care Principles 2014* also talks about the acceptable use of restrictive practices. It states when workers can use restrictive practices and how they can do it. It also says who can perform these restrictive practices.

Restrictive practices can only be used when the following methods have been tried and considered:

- You have tried all other means to prevent harm.
- You have considered all the risks and effects.
- The person or their advocate has given consent.
- It is a situation of absolute emergency.
- It is in the best interest of the person.
- There is an expert present to ensure everyone's safety.

Further Reading



Read the fact sheet below for more information on the use of restrictive practices in aged care facilities.

[Overview of restrictive practices](#)



Regulatory Requirements

The *National Disability Insurance Scheme (NDIS) (Restrictive Practices and Behaviour Support) Rules 2018* regulates the use of restrictive practices by aged care providers. These regulations apply to older people who are under the NDIS. The types of restrictive practices in the table on the previous page are all regulated. This means an aged care provider must meet some conditions before they can use restrictive practices. These conditions include the following:

- **Getting authorisation from the relevant state/territory**
- **Providing proof of authorisation**
- **Developing a behaviour support plan which covers the use of restrictive practices**

The support plan must:

- Be made with the help of a specialist behaviour support provider
- Indicate the use of the least restrictive practice
- Indicate that restriction must be for the shortest possible amount of time
- Ensure that the practice is only used as a last resort

Other regulatory requirements for the use of restrictive practices include the following:

The use of restrictive practices must be lodged with the NDIS commission.

The person's behaviour support plan must include strategies that are able to do the following:

- It must be outcomes-focused, person-centred and proactive.
- It must address the participant's individual needs and the functions of the behaviour of concern.
- It must reduce or eliminate the use of restrictive practices over time.

Based on content from the Federal Register of Legislation at 6 January 2022. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018, used under CC BY 4.0

Other legislative instruments that set out conditions for the use of restrictive practices include the following:

- *National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018*
- *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018*

Organisational Policies and Procedures

Each provider will have policies and procedures on the use of restrictive practices. These must be in line with the legislation discussed above. You must know the policies and procedures of your workplace. This will guide you on what to do if the need to use a restrictive practice ever arises. Below are examples of policies and procedures relevant to restrictive practices that a provider may have.

| Restrictive practices policy and procedures | |
|---|---|
| Policy | |
| Procedures | |
| | <p>Our organisation is committed to providing person-centred care that promotes dignity, autonomy and the least restrictive environment for individuals in our care. Restrictive practices will only be used as a last resort when all other less restrictive alternatives have been exhausted. This policy outlines our approach to the use of restrictive practices and ensures their application is guided by ethical considerations and legal requirements.</p> |
| 1. Assessment and planning | <ul style="list-style-type: none"> ▪ Restrictive practices will only be considered after a thorough assessment of the individual's needs, preferences and behaviours. ▪ An individualised care plan will clearly document any proposed use of restrictive practices, the circumstances warranting their use and the anticipated outcomes. ▪ All available less restrictive interventions and strategies will be explored and documented before considering restrictive measures. |
| 2. Least restrictive alternatives | <ul style="list-style-type: none"> ▪ Staff members must exhaust all least restrictive interventions before proposing the use of restrictive practices. ▪ A multidisciplinary team, including medical professionals, behaviour specialists and family members, will collaborate to identify appropriate interventions. |
| 3. Informed consent and communication | <ul style="list-style-type: none"> ▪ Whenever possible, the person and their legal representative will be involved in the decision-making process regarding the use of restrictive practices. ▪ Clear and open communication will be maintained with the individual, their family and relevant stakeholders regarding the rationale for considering restrictive practices and the expected outcomes. |

| Restrictive practices policy and procedures | |
|--|---|
| Procedures | |
| 4. Monitoring and review | <ul style="list-style-type: none"> ▪ Restrictive practices will be closely monitored and regularly reviewed to assess their effectiveness and any adverse effects. ▪ Care plans will be updated based on the individual's progress and changing needs. Restrictive practices will be discontinued when no longer necessary. |
| 5. Training and competency | <ul style="list-style-type: none"> ▪ Staff members involved in the care of individuals requiring restrictive practices will receive comprehensive training in de-escalation techniques, person-centred care and the ethical considerations surrounding restrictive practices. ▪ Competency assessments will ensure that staff members are capable of implementing restrictive practices safely and responsibly. |
| 6. Incident reporting and investigation | <ul style="list-style-type: none"> ▪ Any incidents involving the use of restrictive practices will be promptly reported, documented and investigated. ▪ The root cause analysis will be conducted to identify contributing factors and prevent recurrence. |
| 7. Continuous improvement | <ul style="list-style-type: none"> ▪ The organisation will regularly review its restrictive practices policy and procedures to ensure alignment with best practices and regulatory changes. ▪ Feedback from individuals, families and staff will be considered for ongoing improvement. |

| Individualised care plan policy and procedures | |
|---|--|
| Policy | |
| <p>Our organisation is dedicated to providing person-centred care that recognises the unique needs, preferences and goals of each individual in our care. This policy outlines our approach to developing and implementing individualised care plans, ensuring that the physical, emotional and social wellbeing of our clients is prioritised.</p> | |

| Individualised care plan policy and procedures | |
|--|--|
| Procedures | |
| | <p>1. Assessment and development</p> <ul style="list-style-type: none"> ▪ Upon admission, a comprehensive assessment of the client's physical, emotional, cognitive and social needs will be conducted. ▪ The assessment process will involve input from the client, family members, medical professionals and other relevant stakeholders. ▪ Care plans will be developed based on the assessment findings, focusing on the client's strengths, preferences and goals. <p>2. Individualised goals and interventions</p> <ul style="list-style-type: none"> ▪ Care plans will outline specific, measurable, achievable, relevant and time-bound (SMART) goals for each client. ▪ Goals will reflect the client's aspirations, such as maintaining independence, improving physical wellbeing, or enhancing social engagement. ▪ Interventions and strategies will be outlined to support the client in achieving their goals, incorporating evidence-based practices and the best standards of care. ▪ Any use of restrictive practices is clearly documented within the individual's care plan. ▪ The circumstances warranting the use of restrictive practices are outlined, along with less restrictive alternatives that have been attempted. ▪ The care plan addresses the monitoring, assessment and review process for restrictive practices. <p>3. Regular review and updates</p> <ul style="list-style-type: none"> ▪ Care plans will be regularly reviewed and updated in consultation with the client and their family, ensuring their evolving needs and preferences are reflected. ▪ Reviews will occur at least every [timeframe] or when a significant change in the client's condition or circumstances is identified. <p>4. Communication and collaboration</p> <ul style="list-style-type: none"> ▪ Care plans will be communicated to all relevant staff members involved in the client's care, ensuring a consistent approach. ▪ Interdisciplinary collaboration will be encouraged to address the holistic needs of the client, involving medical, nursing, therapy and support staff. |

| Individualised care plan policy and procedures | |
|--|---|
| Procedures | |
| 5. | Person-centred approach |
| | <ul style="list-style-type: none"> ▪ Care plans will reflect a person-centred approach, considering the client's cultural background, communication preferences and unique characteristics. ▪ Client input and choices will be respected and efforts will be made to involve them in decision-making about their care. |
| 6. | Family and support involvement |
| | <ul style="list-style-type: none"> ▪ Family members and designated supports will be encouraged to contribute to care planning, providing valuable insights into the client's history, preferences and routines. ▪ Family involvement will be maintained through regular communication and updates on the client's progress. |
| 7. | Confidentiality and privacy |
| | <ul style="list-style-type: none"> ▪ Care plans will be maintained confidentially and stored securely to ensure the privacy of the client's personal and medical information. ▪ Access to care plans will be restricted to authorised personnel directly involved in the client's care. |
| 8. | Training and education |
| | <p>Staff members involved in care planning will receive training on person-centred care, goal setting and effective communication with clients and their families.</p> |



Lotus Compassionate Care

Access and review the Lotus Compassionate Care Handbook for the policies and procedures relevant to restrictive practices, which include Behaviours of Concern Intervention and Decision-Making and Consent, through the link below:

[Policies & Procedures](#)

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Positive Strategies to Minimise the Use of Restrictive Practices

Positive strategies to minimise the use of restrictive practices aim to create supportive and safe environments for individuals without resorting to limiting their movement or freedoms. These strategies focus on addressing the underlying causes of challenging behaviours and meeting the individual's needs in a dignified and respectful manner. Here are some positive strategies to consider:



- **Person-centred care planning** – Develop individualised care plans that focus on the person's preferences, strengths and goals. Engage the individual and their family in the planning process to ensure their needs are addressed.
- **Communication and engagement** – Establish effective communication with the person to understand their feelings, wants and needs. Engage in regular conversations to foster a sense of belonging and involvement.
- **Meaningful activities** – Provide engaging and purposeful activities that cater to the person's interests and abilities. Participation in meaningful activities can promote wellbeing and reduce agitation.
- **Social interaction** – Encourage socialisation and interaction with peers, family members and caregivers. Building positive relationships can alleviate feelings of loneliness and distress.
- **Therapeutic interventions** – Implement non-pharmacological interventions, such as music therapy, art therapy and reminiscence therapy, to promote relaxation and emotional wellbeing.
- **Calm environment** – Create a calm and soothing environment by minimising noise, clutter and disruptions. This can help reduce sensory overload and anxiety.

- **Physical exercise** – Incorporate regular physical activity that suits the individual's capabilities. Exercise can improve mood, reduce stress and promote overall wellbeing.
- **Nutrition and hydration** – Ensure the individual receives proper nutrition and hydration to maintain physical and emotional health. Addressing hunger and thirst can prevent discomfort and restlessness.
- **Prompting and reminding** – Use gentle prompts and reminders to help the individual engage in daily activities, maintain routines and stay organised.
- **Validation and empathy**: Acknowledge the person's emotions and validate their feelings. Show empathy and understanding to help ease distress and frustration.

You must remember that the goal is to enhance the person's quality of life, promote their autonomy and create an environment where they feel safe, valued and supported. Positive strategies should always prioritise the individual's wellbeing and dignity.

Ethical Considerations

In caring for persons with dementia, ethical considerations play a crucial role in ensuring their rights, dignity and wellbeing are respected and upheld. The *UN Convention on the Rights of Persons with Disabilities* has provisions to safeguard the rights of people with dementia. It is imperative that any use of restrictive practices aligns with these provisions. These include protecting people with dementia from the following:

Cruel and inhumane treatment

Degradation and humiliation

Violence and abuse

Prior to implementing a restrictive practice, it is essential to carefully assess and consider its impact on the person's dignity and overall wellbeing. To guide ethical decision-making, reflect on the following questions:

- **Preservation of dignity** – Does the proposed restrictive practice uphold the person's dignity, treating them with respect and consideration for their inherent worth?
- **Absence of intimidation** – Is the restrictive practice free from any form of intimidation, coercion or use of fear to control the person's behaviour?
- **Protection of rights** – Does the practice respect and preserve the person's fundamental rights, ensuring they are not denied access to basic human rights and freedoms?
- **Minimisation of distress** – Will the restrictive practice result in additional distress, discomfort or emotional harm to the person?

If any of the questions on the previous page yield a positive response, indicating a potential breach of ethical considerations, it is imperative to seek alternative approaches that prioritise the person's wellbeing and uphold their rights. Ethical care involves actively promoting the person's autonomy, respect and individuality while striving to create a safe and supportive environment.

When faced with challenging behaviours or situations, the ethical course of action involves collaborative problem-solving. Engage with the person, their family, your supervisor and colleagues to explore alternative strategies that respect their autonomy and minimise the need for restrictive practices. By prioritising ethical considerations, carers contribute to creating a culture of compassionate care that is rooted in human rights and dignity.

Further Reading



Read the fact sheet below for more information on the use of restrictive practices in aged care facilities.

[Universal Declaration of Human Rights](#)

Documentation Requirements

You must document any use of restrictive practices on an older person. NDIS providers implementing restrictive practices need to keep records of the use of the practice and report them to the NDIS Commission. In the NDIS Rules legislation, it states that the documentation must include the following:

A description of the use of the practice, including time and date of use

A description of the person's behaviour prior to the practice

The names and contact details of people involved, including witnesses

The actions taken in response to the use of the practice

The strategies used to prevent the use of the restrictive practice

Providers must keep such records for up to seven years after making them.

Based on content from the Federal Register of Legislation at 6 January 2022. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018, used under CC BY 4.0.



Checkpoint! Let's Review



1. It is important to use different strategies to handle a situation. These strategies must minimise the risk of a negative outcome for anyone involved.
2. De-escalation helps prevent a situation from going too far. To do this, you must show patience and understanding toward the person. This will help calm them down. You can also de-escalate by preventing the person from encountering their triggers.
3. Restrictive practices are strategies that limit a person's freedom. These must only apply as a last resort. It is also important that the use of the restrictive practice is agreed upon ahead of time.

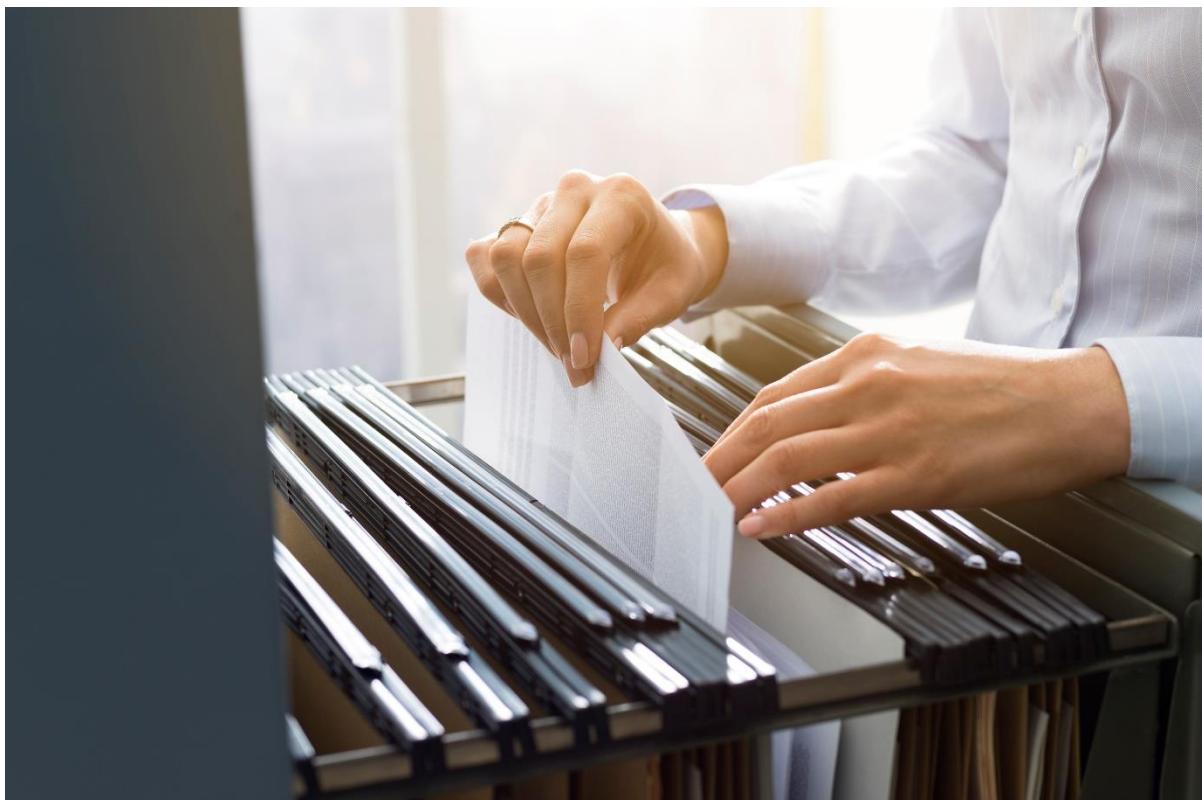


Learning Activity for Chapter 4

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

V. Complete Documentation



In the area of dementia care, comprehensive documentation is a fundamental aspect of ensuring the wellbeing and quality of life for older individuals. Properly maintaining detailed records serves a multitude of essential purposes that contribute to effective care and legal compliance. These records serve the following purposes:

- Allow different care workers to deliver consistent and personalised support tailored to the person's unique needs.
- Offer a reliable reference in cases where legal verification is required by courts, family members or regulatory authorities.
- Keep track of the person's medical and behavioural changes.

This chapter will discuss how to create good records for the people in your care. You will also learn how to keep these records to keep them private and confidential. These are essential because they help you follow legislation related to your job.

In this chapter, you will learn how to:

- Observe, document and report changes in behaviour
- Complete, maintain and store documentation according to requirements

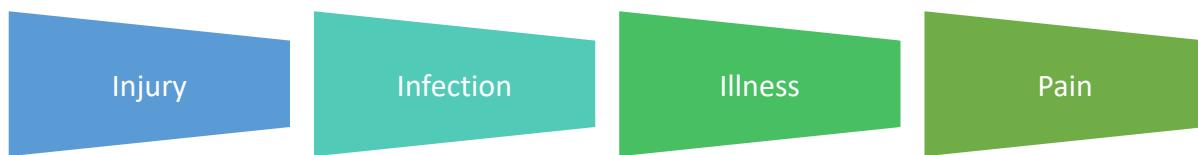
5.1 Observe, Document and Report Changes in Behaviour

It is important to record any noticeable change in the behaviour of a person with dementia. A change in behaviour for them may indicate the progression of their illness. Their records must reflect these changes for the reference of others in their care team. Failure to document changes in their behaviour will compromise the care they receive.

You must also report the changes to your supervisor. Keep them informed about the people in your care. Simply documenting behaviour changes does not mean they will know about it. They may not be able to check all the records every day for changes. This subchapter will teach you how to document and report relevant information.

Indicators and Impact

As a caregiver in dementia care, you should know the indicators associated with various health conditions that may affect the people in your care. These conditions include the following:



When you are able to recognise these indicators, you can report them accurately. The table below shows the possible indicators that you may observe:

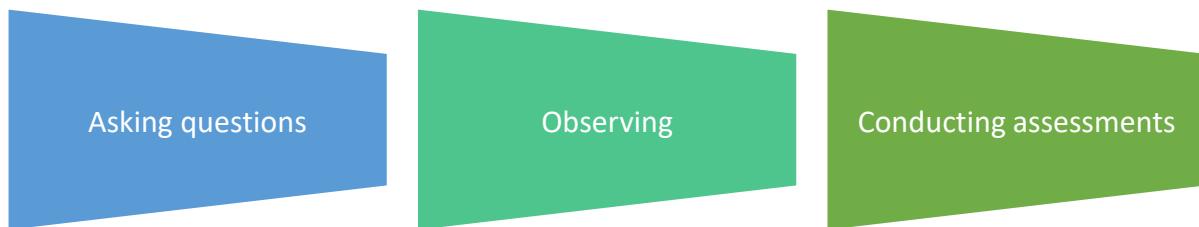
| Conditions | Physical signs | Behavioural cues |
|------------|---|---|
| Injury | Having scrapes, bruises, bleeding, swelling, reduced mobility | Exhibit signs of discomfort, hesitance in movement or avoidance of certain activities that involve the affected area. |
| Infection | Experiencing fevers, chills, shortness of breath, loss of appetite | Show increased restlessness, irritability or changes in sleep patterns and appear fatigued or disoriented. |
| Illness | Experiencing fevers, loss of consciousness, weight loss, loss of appetite | Show changes in mood, heightened confusion or withdrawal from social interactions. |
| Pain | Grimacing or frowning, moaning or whimpering, limping, sensitivity to touch | Exhibit irritability, agitation, resistance to movement or heightened sensitivity to touch. |

You should also recognise how these conditions impact a person's behaviour. All these conditions make a person uncomfortable. The discomfort may cause a negative change in their behaviour. This is more likely if the person can no longer express their needs verbally. They may feel frustrated and confused, which may cause them to lash out or isolate. Refer to Section 4.2.1 for examples of possible behaviour that may result from unmet needs.

Aside from the behaviours that may result from unmet needs, you may also observe the following behavioural manifestations:

- **Frustration and confusion** – The person may feel overwhelmed by discomfort. This can lead to heightened frustration and confusion.
- **Behavioural outbursts** – The inability to express discomfort verbally may manifest as aggressive behaviour or sudden mood swings.
- **Isolation and withdrawal** – The person might withdraw from social interactions due to the distress they are experiencing.
- **Changes in routine** – Discomfort can disrupt a person's routine and engagement in activities they typically enjoy.

You can follow different processes when recognising indicators of injury, infection, illness and pain. These processes can include the following:



- **Asking questions**

If the person is capable of expressing themselves, you may simply ask questions about the indicators. Ask the person if they are experiencing any of the indicators. The questions you may ask can include but are not limited to the following:

- Are you experiencing any pain?
- Do you feel any discomfort or unusual sensations?
- Is there anywhere on your body that hurts or aches?
- Have you noticed any changes in how you are feeling?

Additionally, seek input from the carer, family or other people identified by the person to gain a comprehensive understanding of their condition.

▪ Observing

Observation may involve looking at the indicators in the person's body or actions.

Below are some of the observation activities you can do:

- Check the person's body for scrapes, bruises, bleeding or swelling.
- Monitor the person's mobility. Take notes if it has reduced.
- Observe the person's facial expressions, vocal cues and body language for indicators of being in pain.

▪ Conducting assessments

If you suspect that the person is showing injury, infection, illness or pain indicators, you may coordinate the need for assessments with the supervisor. Assessments may include using different tools, such as pain assessment checklists. When assessing the person, you must remember the following:

- The assessment must focus on the presence and nature of the condition.
- A qualified person must conduct the assessment.
- Explain the purpose of the assessment to the person to ensure their cooperation and understanding.

Once you have identified changes in the person's behaviour, you should report these changes. Reporting can be done in the following two ways:

Verbal report to supervisor

Written report for documentation

▪ Verbal report to supervisor

Inform your supervisor in person about the changes you have noticed.

Provide information about the factors that may have caused the behaviour change.

Consult with your supervisor about what you can do to address the behaviour change.

- **Written report for documentation**

After reporting the changes to your supervisor, document them in the person's records.

Your report must include the following:

- Description of the changes in behaviour
- Date and time when you observed these changes
- How these changes affected the person and others
- Factors that may have caused these changes
- Steps taken to address the factors that caused the changes

Adhere to organisational procedures for record-keeping and ensure copies of the report are appropriately saved.

Checkpoint! Let's Review



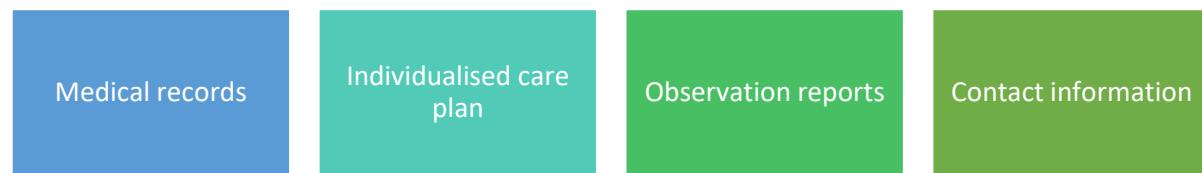
1. Certain factors may cause significant changes in behaviour. These factors include injury, illness, infection and pain.
2. When you observe negative changes in a person's behaviour, identify its causes. Then, report these changes to your supervisor. Include in your report the possible causes of these changes. After this, you must identify strategies for addressing these causes.



5.2 Complete, Maintain and Store Documentation According to Requirements

Keeping good records is an important part of your job. It allows you to access the necessary information and share them when needed. Well-maintained records also ensure that you can provide evidence of care if needed. You should know how to complete and maintain documentation properly. You should also know how to store them in a way that will keep them secure and private.

Completing documentation means having a record of relevant information about the person. This includes the following:



- **Medical records** – Record any medical assessments, diagnoses, treatments and medication administration. This information aids in tracking the person's health status and medical history.
- **Individualised care plan** – Document the individual's specific care needs, preferences and goals. Regularly update the care plan as the person's needs evolve.
- **Observation reports** – Detail any changes in behaviour, mood or physical condition that you observe during your interactions. These reports provide insights into the person's wellbeing and help in identifying potential issues.
- **Contact information** – Maintain up-to-date contact details for the person's family members, authorised representatives and other caregivers for effective communication.

To ensure that you have complete documentation, you can take the following steps:



Maintaining documentation means making sure that all records are up to date. To do this, record and file any new updates about the person. These new updates may include changes to the following:

The person's medication

The person's health status

The person's insurance details

The person's care details

To achieve accurate and current records, observe the following guidelines:

- Consistently record new information or changes related to the person's conditions
- Document observations, interactions and care activities promptly to capture accurate details
- Prioritise information that is significant to their care and wellbeing. Avoid unnecessary details.

Storing documentation means keeping the records safe and well organised. How you store documentation will depend on where you work. You will read more about storing documentation in Section 5.2.1. Nonetheless, depending on the policies of your workplace, consider the following practices:

- Implement a well-organised filing system, whether physical or digital, to categorise different types of documents for easy retrieval.
- Restrict access to confidential documents only to authorised personnel. Ensure that sensitive information is safeguarded.
- Regularly back up electronic records to prevent data loss and facilitate recovery in case of technical issues.
- For physical documents, store them in locked cabinets or secure storage areas to prevent unauthorised access.

Below is an example of a document you may encounter in your organisation. It is called a *Progress notes* template. In this document, you will record the changes or progress in an older person's goals or condition.

You will also record the results of any strategy used within the person's support plan.

| Client information | | | |
|--------------------|--|---|---|
| Name | | | |
| Address | | | |
| Date | Status | Action point | Achievements |
| (Date of visit) | (How was the client at the start of the visit/treatment?) | (What strategies were implemented? What were the actions taken? What assistive technologies were used?) | (What are the results? How did the client respond? What is the level of participation? How much did they participate and engage in the activities?) |
| | (Are there any changes to the client's physical health and wellbeing, e.g. concerning changes in the client's appearance?) | | |
| | (Are there any changes to the client's mental health and wellbeing, e.g. concerning changes in the client's appearance?) | | |
| | (Are there any changes to the client's emotional health and wellbeing, e.g. concerning changes in the client's appearance?) | | |

| Outcome overview | | | | |
|-------------------------------------|---|----------------------------------|---|---|
| Strategies implemented | Outcomes of the strategies | Metrics | Gaps in assistive technology | Remarks |
| (What strategies were implemented?) | (Are the strategies successful? What are the outcomes of the strategies?) | (How are the outcomes measured?) | (Are there any gaps in assistive technology needs?) | (What strategies were implemented? What were the actions taken? What assistive technologies were used?) |
| | (Are there any changes in the client's health and behaviour?) | | | |
| | | | | |
| | | | | |

| Consultation overview | |
|---|----------------|
| Reviewer/health professional | |
| Date of review | |
| Future strategies | Future actions |
| | |
| | |
| | |
| Other services needed | |
| Referred services | |
| (What are these services needed?) | |
| (How can the referred services help the client) | |
| Reviewer's/health professional's signature | |

5.2.1 Organisational Policies and Procedures

Your workplace will have its own policies and procedures regarding reporting and documentation. These policies and procedures will cover the following topics:

What and how to report

Documentation requirements

How to store information

The following tables show examples of policies and procedures from Lotus Compassionate Care.

Below is an example of reporting policy and procedures:

| Reporting changes to client's health and wellbeing | |
|--|--|
| Policy | |
| Any changes to the client's physical and psychological condition and wellbeing must be reported verbally to the supervisor or Registered Nurse and documented in the progress notes immediately or as soon as practicable. | |
| Procedures | |
| <p>The following must be reported to the supervisor or Registered Nurse.</p> <p>New risks identified to the client's health, safety and wellbeing:</p> <ul style="list-style-type: none"> ▪ Additional needs ▪ Unmet needs ▪ Issues or concerns relating to their assistive technology, including any pain and discomfort observed and raised by the client regarding their aids, equipment and devices <p>All reporting must be completed per Lotus Compassionate Care's Privacy and Confidentiality Requirements.</p> | |

Below is an example of documentation policy and procedures:

| Documentation |
|--|
| Policy |
| Procedures |
| <p>Regardless of the type of written documentation, Lotus Compassionate Care ensures that all documentation is of the highest quality to meet legal and organisational standards.</p> |
| <p>To accomplish this, it is important to comply with the following:</p> <ul style="list-style-type: none">▪ Be certain the client's name is written on each page of the document.▪ Date all entries.▪ Always use blue or black ink.▪ Avoid the use of white-out in handwritten documents. Draw a line through an error, date and sign.▪ Your writing should be neat and legible.▪ Be objective and use understandable language (only use abbreviations approved by Lotus Compassionate Care).▪ Do not leave spaces between entries. Draw a line through unused spaces on the paper.▪ Be concise, accurate and factual.▪ Present the information in a logical order.▪ When recording a client's statement, use quotation marks.▪ Sign your name, then print your name and status (i.e. Care Worker) on any written information.▪ Do not complete documentation on behalf of another staff member.▪ Any significant change in the client's physical, emotional, behavioural and environmental condition must be conveyed to the supervisor immediately. |

Below is an example of policy and procedures relevant to maintenance and storage and privacy:

| Information and records policy |
|--|
| Policy |
| Lotus Compassionate Care is committed to protecting and maintaining the privacy of residents and staff members during emergencies. This policy outlines actions that staff members must undertake to accomplish this. |
| Privacy of information |
| <p>In all situations, residents will be informed about the purpose of gathering information.</p> <p>In keeping with the Privacy Act 1988, private information about a resident is disclosed in the following circumstances:</p> <ul style="list-style-type: none"> ▪ When the recipient of the information is the resident's guardian or other person who is responsible for them ▪ When the disclosure is necessary for the provision of appropriate care or treatment of the resident ▪ When the resident has previously given consent to the disclosure ▪ When the purpose of the disclosure is for the primary reason why the information was collected in the first place ▪ When the disclosure is required or authorised by Australian law or court/tribunal order ▪ There is a health situation related to the disclosure |
| Source: Privacy Act 1988 |
| The above is followed at all times, including during emergencies. The disclosure must be limited to a reasonable extent to achieve the goal of disclosure. |
| Storing records |
| <p>In order to protect the privacy of clients, records are to be stored using the following guidelines:</p> <ul style="list-style-type: none"> ▪ Clients are to be informed of where private information will be stored and how long the information will be stored in the company's facilities or electronic storage system. ▪ Staff are not to record and store information that is irrelevant or unnecessary based on (a) their purpose for collecting information and (b) the form or template that they are required to fill out as part of a procedure. |

| Information and records policy | |
|--|--|
| Storing records | |
| <ul style="list-style-type: none"> ▪ Staff must ensure that records not directly relevant to the care management of a client, such as incident report forms and program feedback, do not include any information that identifies a client. Such information can include the client's: <ul style="list-style-type: none"> ○ Name ○ Address ○ Tax file number ○ Date of birth ○ Any biometric data | |
| <p>To maintain the confidentiality of the client's information, the following guidelines are to be followed:</p> <ul style="list-style-type: none"> ▪ All files, including data sheets, care management documents and communication logs, are to be stored in the following ways: <ul style="list-style-type: none"> ○ Electronic files are to be compiled and stored in a secured folder that excludes them from those of other clients. ○ Paper-based files are to be stored with the client's personal data, health records and other relevant physical documents. ▪ All files are to be protected from tampering and loss through the following: <ul style="list-style-type: none"> ○ Storing physical or paper-based files in locked filing cabinets in the organisation's archive ○ Storing digital files with a password known only to select personnel | |
| <p>Individuals other than those listed above who wish to access these records must submit a formal request detailing:</p> <ul style="list-style-type: none"> ▪ The purpose for which they want to use the records ▪ The specific information they wish to access <p>The request must be submitted to the head of the archive department.</p> <p>Permission is not guaranteed, and in certain situations, only part of the record with the relevant information sought may be opened for access.</p> | |

Information and records policy

Maintaining records

In order to protect the privacy of clients, records are to be maintained using the following guidelines:

- All records, whether paper-based or electronic, may only be taken out, duplicated, modified, transferred or destroyed with appropriate permission from the administration staff.
- Electronic records will be backed up every month. The backup data shall be stored in a different cloud storage account and will be made available for data recovery in the event of loss of data.
- All physical and electronic data shall be reviewed every two months. The following data will be deleted based on legal requirements:
 - Records containing personal information that are past the legally required number of years of storage
 - Records that have erroneously been copied, duplicated or stored in the system, as evidenced by missing or incorrect entries in the records log.
 - Records that were requested to be deleted by clients and were approved for deletion by the administration staff

To maintain the confidentiality of the client's information, the following guidelines are to be followed:

- A record log shall be kept and maintained to include information on additions, changes, deletions and other actions made to all physical and electronic records.
- Staff is disallowed from divulging information from client records to unauthorised persons, including other staff. All staff requesting records shall be reminded of their duties to maintain the confidentiality of information by the archive administration staff.
- Electronic records that must be transferred or sent via email must be encrypted with S/MIME. Encrypted messages must make use of a randomly generated password to be provided by the archive administration staff.

Importance of Accurate, Objective and Detailed Records



For your reports to be useful to anyone who may need to access them, they must meet the following criteria:

- **Accurate** – Your report must provide an exact narration of what happened. It is important to make sure to write factual information. This gives the team a clear picture of the events that occurred. Inaccurate information may lead to unnecessary or harmful interventions for the person.
- **Objective** – To be objective means to stick to the facts. An objective report avoids the use of opinions or emotional responses. It is important to be objective to prevent misinterpretation of facts.
- **Detailed** – Your record must contain all the appropriate details of an event. This means you must include all information that affects the person. This ensures that your report gives a clear picture of the whole incident. Missing details may confuse whoever reads your reports.



Lotus Compassionate Care

Access and review the Lotus Compassionate Care Handbook for the policies and procedures on privacy and confidentiality through the link below:

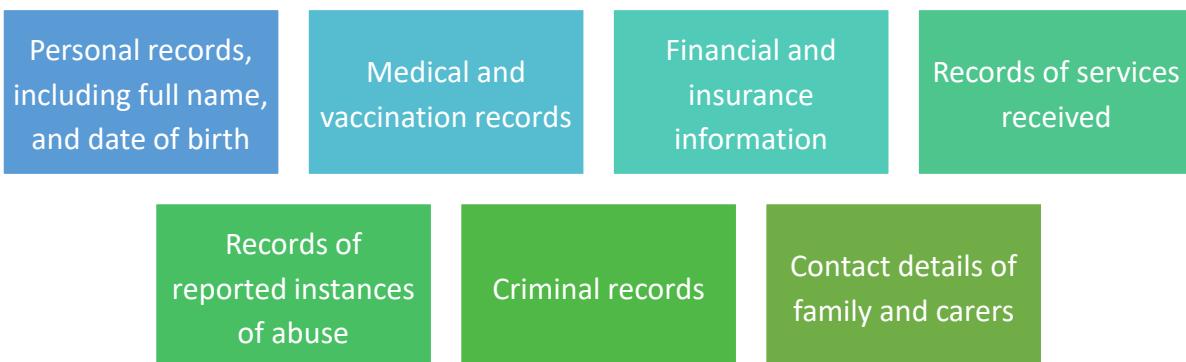
[Policies & Procedures](#)

(username: newusername password: new password)

5.2.2 Legislative Requirements Regarding Privacy, Confidentiality and Disclosure

Privacy is the right of people to be free from unwanted intrusion, observation or interference in their personal matters. This includes the ability to control and limit access to information about themselves, their actions and their personal spaces. *Confidentiality* is the responsibility to protect sensitive and private information from being disclosed or accessed by unauthorised people. This ensures that personal information is not improperly disclosed, shared or used for unauthorised purposes.

Examples of protected information include the following:



Privacy Act 1988

The *Privacy Act 1988* is a law that protects people's private information. It applies to everyone, including people with dementia. It contains the 13 Australian Privacy Principles. These are the principles that care providers must follow to ensure confidentiality.

The Act includes exceptions where disclosure of private information is acceptable. People receiving aged care are covered under exceptions for 'health services'. According to Part III, Division 2, Section 16B of the Act, exceptions include the following situations:

Information is necessary to provide medical care

Information may affect public health and safety

Information is necessary to keep the person safe

*Based on content from the Federal Register of Legislation at 18 October 2021.
For the latest information on Australian Government law please go to <https://www.legislation.gov.au>.
Privacy Act 1988, used under CC BY 4.0.*

States and territories also have their own versions of this Act:

| State or territory | Links |
|-------------------------------------|---|
| Australian Capital Territory | Information Privacy Act 2014 |
| Queensland | Information Privacy Act 2009 |
| Victoria | Privacy and Data Protection Act 2014 |
| New South Wales | Privacy and Personal Information Protection Act 1998 No 133 |
| Northern Territory | Information Act 2002 |
| Tasmania | Personal Information Protection Act 2004 |
| Western Australia | Freedom of Information Act 1992 |
| South Australia | <p>South Australia currently does not have specific legislation regarding the protection of privacy. They follow the PC012 Information Privacy Principles (IPPS) Instructions that can be accessed through the link below:</p> <p style="text-align: center;">Premier and Cabinet Circulars</p> |

You and your organisation must follow the Australian Privacy Principles. You must respect people's right to privacy. To do this, your organisation must have measures in place that protect people's records. Care workers must go through a process of authorisation to access records. These records should not just be available for anyone to find online.

Your responsibilities to maintain privacy and confidentiality include the following:

Strictly following the organisation's records policy

Not keeping a personal copy of older people's records

Not sharing information to anyone outside the organisation

Not uploading older people's records anywhere else online

Multimedia



The video below further explains privacy and confidentiality. This is in the context of medical care, but it also applies to aged care.

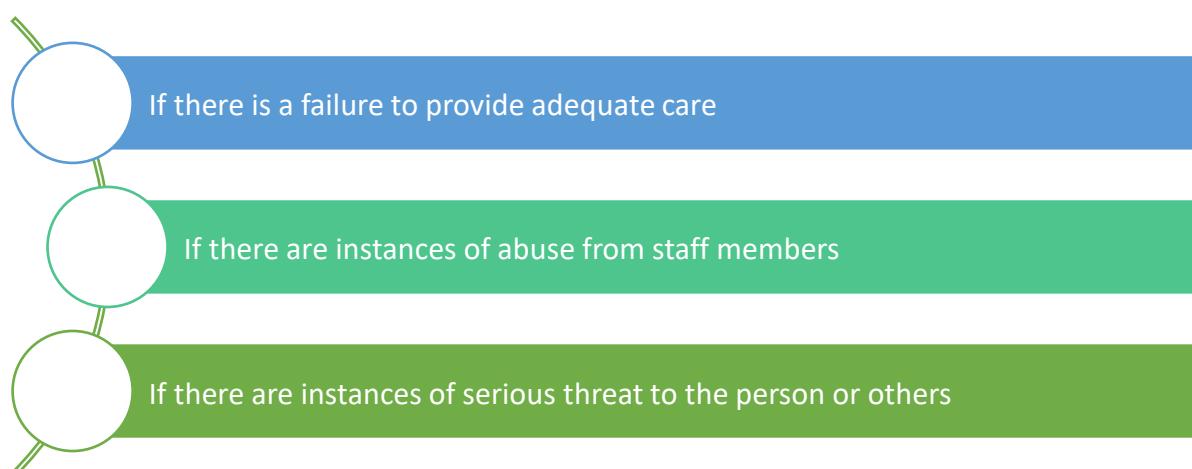
[Medical Ethics 3 - Confidentiality & Privacy](#)

Disclosure refers to the act of revealing, sharing or making known certain information, often to provide insight, information or clarification to others. It involves the communication of facts, details or data that may have been previously unknown or kept private. This is sometimes necessary for the wellbeing of the person in care. You may only disclose confidential information in the following situations:

- The person or their representative has given consent.
- There is a threat to the person.
- There is a threat to public safety (e.g. infectious disease).
- The information is required by courts with a warrant.
- The information is being gathered for research purposes with the person's consent.

If these situations are not met, you must keep a person's information confidential.

There are details that a care provider must disclose to a person receiving care. The person's family or carer may also receive the information. These are outlined in general disclosure laws within Australia. These laws usually pertain to health care but also cover aged care. Specifically, aged care providers follow the *Open Disclosure Framework and Guidance* document. This document is from the Aged Care Quality and Safety Commission. According to the different open disclosure frameworks, providers must disclose the following:



These frameworks also emphasise that you must still respect the person's privacy. You must discuss with the person whether they want to share this information with others. You may also discuss this agreement with a representative if the person is unable to consent. For example, a person with dementia may have wandered off because they were alone for a long time. This is an example of failure to provide adequate care. A care provider must disclose this to the person or their representative. The person may then decide if they are willing to share this information with their family. If they decide against it, you must respect their decision and keep the incident private. You must still make an incident report, but only relevant personnel must have access to it.

Below are specific examples of legal and ethical requirements relevant to privacy, confidentiality and disclosure:

| Privacy | | |
|---|--|--|
| Legal requirement | Ethical requirement | How to comply |
| Support workers must abide by the 13 Australian Privacy Principles and the Privacy Act 1988 to protect the privacy of individual support clients and their families and carers. | <p>A healthcare worker must comply with relevant privacy laws that apply to clients' health information, including the Privacy Act 1988 (Cth) and the Information Privacy Act 2009 (Qld).</p> <p><i>Sourced from The National Code of Conduct for Health Care Workers (Queensland), used under CC BY-ND 4.0. © The State of Queensland (Queensland Health)</i></p> | <ul style="list-style-type: none"> ▪ Ensure the person has a private space for dressing, undressing, showering and toileting. ▪ Ensure conversations about the client's personal support care and other personal and sensitive information are made in a safe and private space. ▪ Avoid talking about the person or their family and carers with other staff not involved in service delivery. |

| Confidentiality | | |
|--|--|---|
| Legal requirement | Ethical requirement | How to comply |
| The use, storage and handling of personal information, including the individual support clients, their families and carers, must be done in accordance with the 13 Australian Privacy Principles. | <p>A healthcare worker must comply with relevant privacy laws that apply to clients' health information, including the Privacy Act 1988 (Cth) and the Information Privacy Act 2009 (Qld).</p> <p><i>Sourced from The National Code of Conduct for Health Care Workers (Queensland), used under CC BY-ND 4.0. © The State of Queensland (Queensland Health)</i></p> | <ul style="list-style-type: none"> ▪ Follow organisational policies and procedures for handling client records. ▪ Ensure that client records are not left in public areas or spaces, such as the reception area. |
| Disclosure | | |
| Legal requirement | Ethical requirement | How to comply |
| <p>The organisation cannot use or disclose a client's personal information except for the following reasons:</p> <ul style="list-style-type: none"> ▪ They have consented to its disclosure. ▪ An enforcement body needs the information for enforcement-related purposes. ▪ A secondary purpose is required under Australian law, court or tribunal order. | <p>A healthcare worker must comply with relevant privacy laws that apply to clients' health information, including the Privacy Act 1988 (Cth) and the Information Privacy Act 2009 (Qld).</p> <p><i>Sourced from The National Code of Conduct for Health Care Workers (Queensland), used under CC BY-ND 4.0. © The State of Queensland (Queensland Health)</i></p> | <ul style="list-style-type: none"> ▪ Follow organisational policies and procedures for disclosure of client information and records. ▪ Ask for the client's consent before disclosing any information to other service providers. |

Further Reading



You can read the full text of the Open Disclosure Framework and Guidance here:

[Aged Care Open Disclosure Framework and Guidance](#)



Checkpoint! Let's Review

1. Older people have the right to keep their information private. This means you must ensure the confidentiality of their personal information.
2. The *Privacy Act 1988* is a national legislation that protects a person's right to privacy.
3. Care providers may disclose some information about people receiving care. These include information relevant to safety and legal issues. However, an older person still has the right to choose who has access to their information.



Learning Activity for Chapter 5

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

References

- Accountability Principles 2014* (Cth). <https://www.legislation.gov.au/Series/F2014L00831>
- Advocacy Tasmania Inc. (n.d.). *Things are looking up, we're here to help*. Retrieved February 24, 2022, from <https://advocacytasmania.org.au/i-need-some-help/>
- Advocare. (n.d.). *Advocare / Protecting older peoples rights in WA*. Retrieved February 24, 2022, from <https://www.advocare.org.au/>
- Aged Care Act 1997* (Cth). <https://www.legislation.gov.au/Series/C2004A05206>
- Aged Care Quality and Safety Commission Act 2018* (Cth). <https://www.legislation.gov.au/Series/C2018A00149>
- Aged Rights Advocacy Service*. (2017). <http://www.sa.agedrights.asn.au/>
- Alzheimer's Australia Vic. (2015, June 2). *Purposeful activities for dementia: Alzheimer's Australia VIC* [Video]. YouTube. <https://www.youtube.com/watch?v=9Y6LCpL8HUU>
- Australian College of Care Workers. (2019, August). *Code of conduct for care workers*. <https://www.careworkers.org.au/code-of-conduct/>
- Australian Institute of Health and Welfare. (2023, February 23). *Dementia in Australia*. <https://www.aihw.gov.au/reports/australias-health/dementia>
- Collins, J. [Dr. Jim Collins]. (2019, October 16). *Reminiscence therapy and dementia* [Video]. YouTube. <https://www.youtube.com/watch?v=dMAsXOh12nk>
- Commonwealth of Australia. (2021a, July 23). *Aged care quality standards fact sheet*. Aged Care Quality and Safety Commission. <https://www.agedcarequality.gov.au/resources/aged-care-quality-standards-fact-sheet>
- Commonwealth of Australia. (2021b, August 23). *Overview of restrictive practices*. Aged Care Quality and Safety Commission. <https://www.agedcarequality.gov.au/resources/overview-restrictive-practices>
- Commonwealth of Australia. (2022a, June 16). *Aged care open disclosure framework and guidance*. Aged Care Quality and Safety Commission. <https://www.agedcarequality.gov.au/resources/open-disclosure>
- Commonwealth of Australia. (2023, April 12). *Charter of aged care rights*. Aged Care Quality and Safety Commission. <https://www.agedcarequality.gov.au/consumers/consumer-rights>
- Community Services Directorate. (2023, June 5). *Abuse of older persons*. <https://www.communityservices.act.gov.au/seniors/elder-abuse>

COTA NT. (2016, December 22). *Elder abuse*. <https://www.cotant.org.au/information/elder-abuse/>

Cultural Capability Team. (2018, September 13). *Communicating effectively with Aboriginal and Torres Strait Islander people – Qld Health (2015)*. insight. <https://insight.qld.edu.au/shop/communicating-effectively-with-aboriginal-and-torres-strait-islander-people-qld-health-2015>

Elder Abuse Prevention Unit. (2018). *Promoting the right of all older people to live free from abuse*. <https://www.eapu.com.au/>

Freedom of Information Act 1992 (WA). https://www.legislation.wa.gov.au/legislation/statutes.nsf/law_a290.html

Government of South Australia. (2021, April 21). *Premier and cabinet circulars*. Department of the Premiere and Cabinet. <https://www.dpc.sa.gov.au/resources-and-publications/premier-and-cabinet-circulars>

Information Act 2002 (NT). <https://legislation.nt.gov.au/en/Legislation/INFORMATION-ACT-2002>

Information Privacy Act 2009 (Qld). <https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-014>

Information Privacy Act 2014 (ACT). <https://www.legislation.act.gov.au/a/2014-24/>

JHP Medical UK. (2017, June 5). *Medical ethics 3 - Confidentiality & privacy* [Video]. YouTube. <https://www.youtube.com/watch?v=bp1rOuf4VT8>

National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 (Cth). <https://www.legislation.gov.au/Series/F2018L00632>

National Institute of Neurological Disorders and Stroke. (2018). *Huntington's disease*. <https://www.ninds.nih.gov/Disorders/All-Disorders/Huntingtons-Disease-Information-Page>

National Institute of Neurological Disorders and Stroke. (2019). *Wernicke-Korsakoff syndrome*. <https://www.ninds.nih.gov/Disorders/All-Disorders/Wernicke-Korsakoff-Syndrome-Information-Page>

National Institute on Aging. (2017a, May 16). *What happens to the brain in Alzheimer's disease?* <https://www.nia.nih.gov/health/what-happens-brain-alzheimers-disease>

National Institute on Aging. (2017b, May 17). *Alzheimer's caregiving: Changes in communication skills*. <https://www.nia.nih.gov/health/alzheimers-caregiving-changes-communication-skills>

National Institute on Aging. (2021a, July 29). *What is Lewy body dementia? Causes, symptoms, and treatments.* <https://www.nia.nih.gov/health/what-lewy-body-dementia-causes-symptoms-and-treatments>

National Institute on Aging. (2021b, July 30). *What are frontotemporal disorders? Causes, symptoms, and treatment.* <https://www.nia.nih.gov/health/what-are-frontotemporal-disorders>

National Institute on Aging. (2021c, September 13). *Activities to do with a family member or friend who has Alzheimer's disease.* <https://www.nia.nih.gov/health/activities-do-family-member-or-friend-who-has-alzheimers-disease>

National Institute on Aging. (2021d, November 1). *Vascular dementia: Causes, symptoms, and treatments.* <https://www.nia.nih.gov/health/vascular-dementia>

National Institute on Aging. (2022, April 14). *Parkinson's disease: Causes, symptoms, and treatments.* <https://www.nia.nih.gov/health/parkinsons-disease>

NPT Reports. (2016, July 1). *Physical environment & dementia | NPT reports | Aging matters [Video].* YouTube. <https://www.youtube.com/watch?v=N4sGaz894Uc>

Occupational Health and Safety Act 2004 (Vic). <https://www.legislation.vic.gov.au/in-force/acts/occupational-health-and-safety-act-2004/038>

Personal Information Protection Act 2004 (Tas). <https://www.legislation.tas.gov.au/view/html/inforce/current/act-2004-046>

Privacy Act 1988 (Cth). <https://www.legislation.gov.au/Series/C2004A03712>

Privacy and Data Protection Act 2014 (Vic). <https://www.legislation.vic.gov.au/in-force/acts/privacy-and-data-protection-act-2014/027>

Privacy and Personal Information Protection Act 1998 No 133 (NSW). <https://legislation.nsw.gov.au/view/html/inforce/current/act-1998-133>

Seniors Rights Victoria. (n.d.). *Get help for professionals.* Retrieved February 24, 2022, from <https://seniorsrights.org.au/get-help/get-help-for-professionals/>

State of New South Wales (Department of Communities and Justice). (2019, November 20). *Ageing and disability abuse helpline.* <https://www.facs.nsw.gov.au/resources/statistics/ageing-and-disability-abuse-helpline>

State of New South Wales NSW Ministry of Health. (2020, January 20). *What is a person-led approach?* <https://www.health.nsw.gov.au/mentalhealth/psychosocial/principles/Pages/person-centred.aspx>

- State of New South Wales NSW Ministry of Health. (2023, July 12). *How can I de-escalate a situation when someone is angry or agitated?* <https://www.health.nsw.gov.au/mentalhealth/psychosocial/strategies/Pages/managing-anger.aspx>
- State Trustees. (n.d.). *Financial elder abuse.* Retrieved February 24, 2022, from <https://www.statetrustees.com.au/financial-elder-abuse/>
- The State of Queensland (Queensland Health). (2022, June 13). *The National Code of Conduct for Health Care Workers (Queensland).* <https://www.health.qld.gov.au/system-governance/policies-standards/national-code-of-conduct>
- United Nations. (1948, December 10). *Universal declaration of human rights.* <https://www.un.org/en/about-us/universal-declaration-of-human-rights>
- United Nations. (1991, December 16). *United Nations principles for older persons.* <https://www.ohchr.org/en/instruments-mechanisms/instruments/united-nations-principles-older-persons>
- Work Health and Safety Act 2011* (ACT). <https://www.legislation.act.gov.au/a/2011-35/default.asp>
- Work Health and Safety Act 2011* (Cth). <https://www.legislation.gov.au/Series/C2011A00137>
- Work Health and Safety Act 2011* (Qld). <https://www.legislation.qld.gov.au/view/html/inforce/current/act-2011-018>
- Work Health and Safety Act 2011* No 10 (NSW). <https://legislation.nsw.gov.au/view/html/inforce/current/act-2011-010>
- Work Health and Safety Act 2012* (SA). <https://www.legislation.sa.gov.au/lz?path=%2FC%2FA%2FWork%20Health%20and%20Safety%20Act%202012>
- Work Health and Safety Act 2012* (Tas). <https://www.legislation.tas.gov.au/view/html/inforce/current/act-2012-001>
- Work Health and Safety Act 2020* (WA). https://www.legislation.wa.gov.au/legislation/statutes.nsf/law_a147282.html
- Work Health and Safety (National Uniform Legislation) Act 2011* (NT). <https://legislation.nt.gov.au/Legislation/WORK-HEALTH-AND-SAFETY-NATIONAL-UNIFORM-LEGISLATION-ACT-2011>
- Work Train. (2015, December 8). *Managing behaviours of concern 3 types of behaviours, unmet needs [Video].* YouTube. <https://www.youtube.com/watch?v=ys1yBa5UJBU>

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