

# DEMENTIA

## Equality, diversity and inclusion



**Level 2 Diploma in Health and Social Care**

**Unit DEM 209**

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## **Assignment task – DEM 209 Equality, diversity and inclusion in dementia care practice**



### **Unit purpose and aim**

This unit provides knowledge, understanding and skills for those who provide care or support to individuals with dementia in a wide range of settings. The unit introduces the concepts of equality, diversity and inclusion that are fundamental to person centred care practice.

**Task ①** Understand the importance of equality, diversity and inclusion when working with individuals with dementia

- Explain what is meant by diversity, equality and inclusion
- Explain why an individual with dementia has unique needs and preferences
- Describe how an individual with dementia may feel excluded
- Describe why it is important to include an individual with dementia in all aspects of care practice
- Explain how values, beliefs and misunderstandings about dementia can affect attitudes towards an individual

**Task ②** Be able to apply a person centred approach in the care and support of individuals with dementia

- Demonstrate how an individual with dementia has been valued, included and able to engage in daily life
- Show how an individual's life history and culture has been taken into consideration to meet their needs
- Demonstrate how the stage of dementia of an individual has been taken into account when meeting their needs and preferences
- Demonstrate ways of helping carers and others to understand that an individual with dementia has unique needs and preferences

**Task ③** Be able to work with a range of individuals who have dementia to ensure diverse needs are met

- Demonstrate how to work in ways that ensure that the needs and preferences of individuals with dementia from a diverse range of backgrounds are met
- Describe how the experience of an older individual with dementia may be different from the experience of a younger individual with dementia
- Describe how to use a person centred approach with an individual with a learning disability and dementia



## Assignment task – DEM 209 Information

An **individual** is someone requiring care or support

**Person centred approach:** This is a way of working which aims to put the person at the centre of the care situation taking into account their individuality, wishes and preferences

### **Carers and others may be:**

- Care worker
- Family
- Advocate
- Colleagues
- Managers
- Social worker
- Occupational Therapist
- General Practitioner
- Speech & Language Therapist
- Physiotherapist
- Pharmacist
- Nurse
- Specialist nurse
- Psychologist
- Psychiatrist
- Independent Mental Capacity Advocate
- Independent Mental Health Advocate
- Advocate
- Dementia care advisors
- Support groups



## **Assignment task – DEM 209 Answers**

**Reference for Assignment task – DEM 209 The person centred approach to the care and support of individuals with dementia**

The Essentials Workbook1 Person First... dementia second by Bupa

**Task ①** Understand the importance of equality, diversity and inclusion when working with individuals with dementia

- Explain what is meant by diversity, equality and inclusion (**4 pages to answer the question**)

## What is Diversity?

### Diversity



*Quote: It takes all sorts to make a world.*

## What is diversity ?

Diversity means difference. The fact or quality of being diverse. People's differences can be many and varied.

People are different in the way they look, dress, behave, believe and worship; where they work; how they live; age, gender, Sexual orientation, Marital status, Politics, Religion, Disability, Socio-economic differences, Family structure, Health, Values, Race, Culture, National origin, Ethnic group - yet also have many similarities.

In a diverse society people need to tolerate and value differences in people so that we can continue to be individuals.

Diversity allows people to contribute to society.

The more people are economically active, the more successful is the economy and this then benefits everyone.

Diversity is about **valuing** difference.

It does not mean that everyone should be treated in the same way as different people have differing needs.

Everyone should be treated with equal respect.

A successfully diverse workforce is one that contains people at all levels who have a range of different characteristics and who have been recruited on the basis of their abilities and competence to do the job.

## What is Equality?

### Equality



*Equality means treating everyone in the same way.*

### What is equality ?

Equality means the state of being equal, in status, rights, and opportunities.

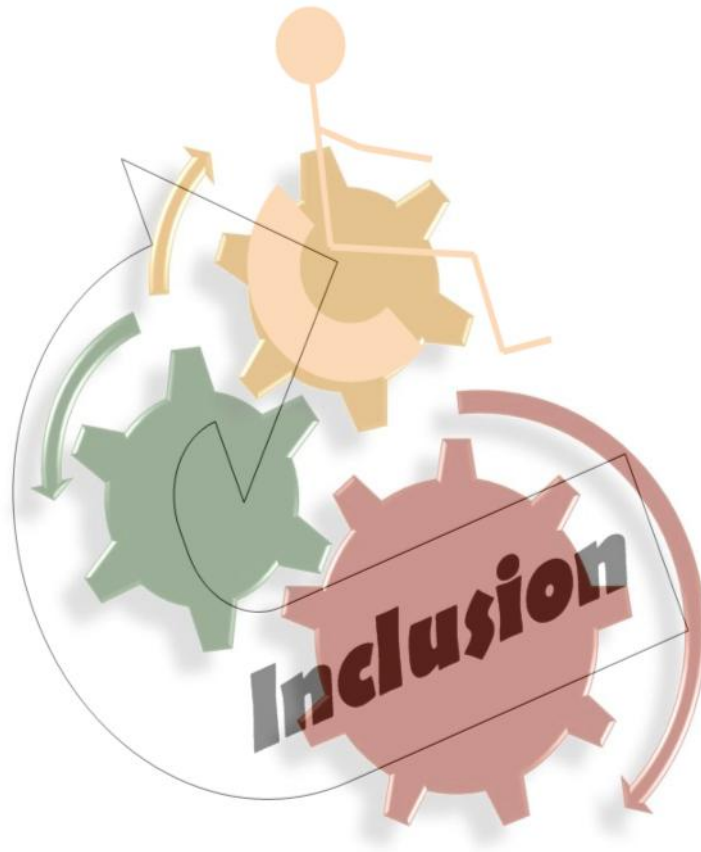
Equality is ensuring individuals or groups of individuals are treated fairly and equally and no less favourably, specific to their needs, including areas of race, gender, disability, religion or belief, sexual orientation and age.

Promoting equality should remove discrimination in all of the aforementioned areas.

Bullying, harassment or victimisation are also considered as equality and diversity issues.

## What is Inclusion?

### Inclusion



*Quote: What you can do, I can do it too, my disability does not stop me.*

### What is inclusion ?

Inclusion means the action or state of including or of being included within a group or structure.

Inclusion is ensuring that all people with health needs can become valued and responsible citizens and take part in mainstream activities alongside people who do not need to use health services.

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (World Health Organisation, 1948)

No sector of society should be excluded from access to health benefits.

Group which have been excluded include substance abusers, alcohol abusers, travellers and people with mental health needs.

**Task ① Understand the importance of equality, diversity and inclusion when working with individuals with dementia**

- Explain why an individual with dementia has unique needs and preferences (1 page to answer the question)

The answer is already inside the question, individuals with dementia has unique needs and preferences because they have dementia, they do not remember how to do things, that mean they need to be assisted because they have lost many of the normal brain functions we use and take for granted in everyday life.

**Dementia is the less of everything you know.**

Lose the abilities to perform the routine of everyday life, and to understand how to do things, ask the need to be assisted for an individual living with dementia, assisted by the family or care assistants for personal hygiene, getting dressed, making decisions and choices, and of course to be assisted for feeding and drinking.

Also, it's very important that individuals with dementia are treated with respect.

It is important to remember that a person with dementia is still a unique and valuable human being, despite their illness.

An individual living with dementia has unique needs and preferences because each person with dementia is a unique individual with their own individual experiences of life, their own needs and feelings, and their own likes and dislikes.

Although some symptoms of dementia are common to everyone, dementia affects each person in different ways.

We all need to feel valued and respected and it is important for a person with dementia to feel that they still have an important part to play in life.

No matter the dementia is getting worse with time, all the individuals living with dementia feel **the need to be loved because there are human being and person first...** dementia second.

All individuals living with dementia have rights. Rights are the freedoms to which all people are entitled. **The right of freedom doesn't stop when dementia comes!**

**Help to answer this question:** [alzheimers.org.uk](http://alzheimers.org.uk)



**Task ① Understand the importance of equality, diversity and inclusion when working with individuals with dementia**

- Describe how an individual with dementia may feel excluded (**7 pages to answer the question and six examples of art therapy program by individuals with Alzheimer's and related dementias**)

An individual living with dementia may feel excluded because they are confused due to dementia symptoms.

Dementia symptoms vary depending on the cause, but common signs and symptoms include, memory loss, difficulty communicating, difficulty with complex tasks, difficulty with planning and organizing, difficulty with coordination and motor functions, problems with disorientation, such as getting lost, personality changes, inability to reason, inappropriate behaviour, paranoia, agitation, hallucinations.

**Individuals living with dementia may feel excluded for many reasons, such:**

- feeling like to not be able to do things
- feeling like to not remember how to do things
- the ways individuals living with dementia are assisted by "bad staff" may feel them like being a child
- they may feel to not being understood about what they suffer everyday
- they feel different and fear to open what they feel inside, they fear to not be understood
- they are confused and believe other normal people are silly because they feel not being understood when they are worried about a situation that appear "funny" to normal people. But it's very important for them, and they believe every word, that a normal person uses to answer them

**Dementia is a serious and terrible illness that causes the individuals living with dementia to act unlike themselves.**

All this symptoms may feel an individual living with dementia excluded because they are confused and they feel like they cannot handle the situation and choose to not be around peoples. It's why they start to feel alone and excluded.

Individuals living with dementia are frustrated of not being able to figure out a situation but there are lots of skills that an individual living with dementia can use to help recognition and memory, such **art therapy program** with other individuals living with dementia.

**Also dementia is a progressive illness that getting worst with time.**

Understand the individual's symptoms along with how the disease progresses, in order to try to understand the individual's feelings of a person living with dementia help to understand what is possible to do to make feel better the individuals living with dementia to carry on to do things in everyday life by feeling included with others into activities of everyday life.

They also feel the need to be loved and to feel important in the eyes of normal persons.

**In my eyes, inclusion of individuals living with dementia is the noblest of fighting**

Individuals living with dementia and disabilities are often excluded in our societies because other people and authorities make life changing decisions on their behalf, often without consultation, explanation or inclusion, often doctors look straight past them to the person accompanying them to enquire about their health, society is often too quick to dismiss their ideas and opinions.

The actual society does not have heart for these people because normal persons stay freeze on exterior image, and do not see what beautiful inside. Normal persons believed that these people are good for nothing.

As a society we need to change by making a bigger effort to help in an appropriate way and not dismiss these people as a lost cause or unable to contribute in any way, this includes isolating them from the rest of society.

**I believe that these people have much more to learn to normal persons that the opposite way.** (See below, example of **art therapy program: Happy Dog by Evelyn**)



*Happy Dog by Evelyn.* <http://www.alznorcalblog.org/tag/art-therapy/>



## Art Therapy | Alzheimer and Dementia

alzheimer's  association

the compassion to care, the leadership to conquer

### Memories in the Making

Memories in the Making is an Alzheimer's Association art therapy program for individuals with Alzheimer's and related dementias.

### Some examples of art therapy program by individuals with Alzheimer's and related dementias



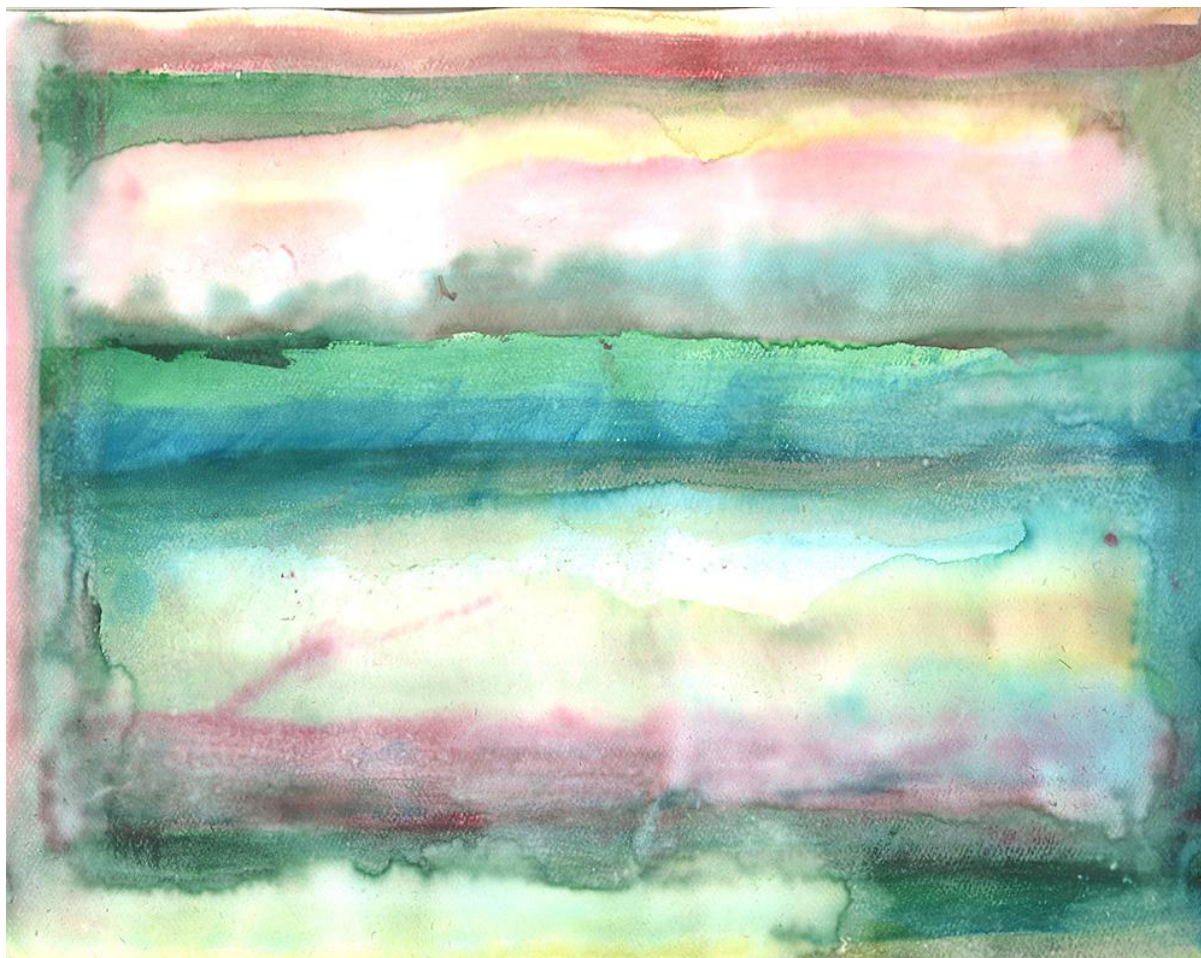
*Geometric Barn by Harry.* <http://www.alznorcalblog.org/tag/art-therapy/>

### Some examples of art therapy program by individuals with Alzheimer's and related dementias



*Louvre Blue Vase by Dung.* <http://www.alznorcalblog.org/tag/art-therapy/>

## Some examples of art therapy program by individuals with Alzheimer's and related dementias



*Sea Glass by Jean.* <http://www.alznorcalblog.org/tag/art-therapy/>

### Some examples of art therapy program by individuals with Alzheimer's and related dementias



*Radiant Mandala by Jerry.* <http://www.alznorcalblog.org/tag/art-therapy/>

## Some examples of art therapy program by individuals with Alzheimer's and related dementias



*House Barn in Provence by Rene Canyon.* <http://www.alznorcalblog.org/tag/art-therapy/>

**More about Art Therapy | Alzheimer and Dementia:** [www.alznorcalblog.org/tag/art-therapy/](http://www.alznorcalblog.org/tag/art-therapy/)

**Task ①** Understand the importance of equality, diversity and inclusion when working with individuals with dementia

- Describe why it is important to include an individual with dementia in all aspects of care practice (4 pages to answer the question)

It is important to include an individual with dementia in all aspects of care practice **because individual living with dementia have psychological needs that maintain well being.**

Psychological needs met by a centred person approach, that include, comfort, attachment, inclusion, occupation, identity and past of the individual.

Psychological needs that help to provide accurate cares in dementia nursing home, and help to make feel like the individual living with dementia like home!



**The likes and dislikes for an individual living with dementia, are also very important for eating and drinking.**

## Eating and drinking for an individual living with dementia

**As dementia progresses, eating and drinking can become difficult for some people.**

A person with dementia may no longer recognise the food in front of them. They may struggle to use a knife and fork as co-ordination becomes difficult. The person may not open their mouths as food approaches and may need reminding to do so. Food may be difficult to chew or swallow or they may not want to accept assistance with eating.

If you are supporting a person with dementia at mealtimes it is important to remember that these reactions are not a deliberate attempt to be 'difficult', or a personal attack. The difficulties are likely to be related to changes caused by the person's dementia. When supporting a person at mealtimes it can be a challenge to identify what the problem is, particularly if the person themselves is finding it difficult to find the words to explain.

### Tips: Supporting an individual living with dementia to eat and drink



Meals should be relaxed and unhurried. Allow plenty of time and make sure that there are no distractions such as a television or excess noise in the background.



Do not feel you need to prepare elaborate meals – it is probably better to devote your energy to ensuring that the person eats and enjoys their food. Preferences and styles of eating may change, try to be flexible.



If a person is agitated or distressed, do not pressurise them to eat or drink. Wait until the person is calm and less anxious before offering food and drink.



If the person is drowsy or lying down, they may struggle to swallow safely. Ensure that they are alert, comfortable and sitting upright or, if in bed, well-positioned, before offering food and drink.



Take care when offering 'just boiled' hot drinks – some people with dementia may lose the ability to judge temperature.



If the person appears to have difficulty using cutlery, you may need to prompt the person and guide their hand to their mouth to remind them of the process involved.



Alternatively, if a person is struggling to use cutlery to eat, offer foods that can be eaten without a knife and fork, with finger foods. Foods that can be picked up with the fingers are often easier to eat when co-ordination becomes difficult.



If you have to assist a person to eat and drink, talk about what you are offering them to help remind them of tastes and flavours.

## Possible reasons for poor appetite

Difficulties with eating and drinking can have an effect on a person's health and on some of the symptoms of their dementia. It can result in weight loss and worsen confusion. There are numerous reasons why a person may have difficulty eating and drinking or decline food and drink. These include:

**Depression** – Loss of appetite can be a sign of depression. Depression is very common; when someone becomes aware that they are in the early stages of dementia, feelings of despair and hopelessness are understandable. There are effective treatments for depression, including medication and other therapies.

**Physical discomfort** – The person may be having problems with badly fitting dentures, sore gums or painful teeth, all of which will make eating uncomfortable. If you think this might be a problem, ask your dentist to check.

**Lack of exercise** – If the person is not very active during the day, they may not feel hungry. Try to encourage them to move around during the day and take part in physical activities or exercise.

**Damage to the brain** – A person may not recognise the food and drink in front of them due to damage to the brain caused by dementia. Remind them of what the food and drinks are. The person may develop altered patterns of eating, for example, eat at times of the day that are unusual for them. Be flexible as to when food is available and encourage a person to eat whenever their appetite is good.

**Difficulties with chewing and swallowing** – Chewing and swallowing can become difficult as dementia advances. If the person you are caring for is experiencing difficulties chewing and swallowing food, ask their General practitioner for a referral to a speech and language therapist, who can offer advice and support.

**Changes in food preferences** – Some people may develop significant changes in preferences for food. They may start to enjoy tastes that are unusual for them, such as spicy or sweet food. Experiment with seasoning foods and offer a variety of flavours to tempt the appetite.

**Constipation** – This is a common problem and can result in a person feeling bloated or nauseous and can lessen their desire to eat. Try to prevent constipation by encouraging activity, offering fibre-rich foods and plenty of fluids.

**Living alone** – If the person with dementia is living on their own, they may experience difficulties preparing food, locating food or remembering to eat what is provided. Meals on wheels may no longer be helpful because they forget to eat the meal delivered unless prompted. These are signs that the person needs more help. It is possible to arrange for home carers to visit the person at mealtimes and either prepare a meal for them, or stay with them while they eat.

## Weight loss

As dementia progresses, a person may lose weight unintentionally as a result of many of the difficulties mentioned above. This may be more noticeable if the person is very active because, for example, if they are walking regularly they will need more calories (energy) to maintain their weight. Some people may find small, frequent meals or nutritious snacks more tempting and easier to eat than three main meals a day, particularly if their appetite is small. If the person you are caring for is losing weight ask their General practitioner for a referral to a dietitian.

## Changes in eating habits

Some people with dementia may experience periods where they seem to eat constantly and consequently struggle with excess weight gain. This is often a temporary phase but does need appropriate support. It is important to understand why this is happening and not to deny a person food if they are hungry. Recognise that the person may be bored and eating for comfort.

The person may develop preferences for particular food types, for example sweet flavours, which they eat excessively causing excess weight gain. They may no longer recognise that they have just eaten and ask for another meal repeatedly.



Ensure that the person has something to do so they do not feel bored or lonely.



Leave pieces of chopped fruit, for example, bananas, orange segments or grapes, within reach of the person to snack on as desired.



If the person has developed a preference for particular foods, to the extent that this dramatically restricts the variety of food eaten, or they are struggling with excess weight gain, ask the general practitioner for a referral to a dietitian. It is important that the correct advice is provided to help devise a nutritious eating plan suitable for that person's need. As dementia progresses, a person may put non-food items into their mouths, eg, napkins or soap. There could be numerous reasons for this.



They may no longer recognise the item for what it is or understand what it is for. Remove from view the items that the person may confuse for food.



The person may be hungry. Offer food as an alternative to the item. Ensure that food is available for the person, which is easy to see (both within eyesight and in clear contrast with the plate or immediate environment) and access throughout the day so the person can eat when they want to.

**Reference: eating and drinking for an individual living with dementia: [alzheimers.org.uk](http://alzheimers.org.uk)**

**Task ① Understand the importance of equality, diversity and inclusion when working with individuals with dementia**

- Explain how values, beliefs and misunderstandings about dementia can affect attitudes towards an individual (2 pages to answer the question)

**Values** are about how important we think something is, so if someone thinks: "It doesn't matter if an old person gets dementia, this is what can happen with old age, I feel sorry for"

**Beliefs** is what we hold to be true, such as: "all people with dementia will get violent or it's God's punishment"

**Misunderstandings** is something such as "I read that individuals with dementia don't remember anything so there's no point in asking them what they want"

Individuals living with dementia have special behaviour and to know how to communicate with them, help to understand how dementia affect individual's routine in everyday life.

**“There is  
no excuse  
for  
delivering  
poor  
care.”**

Norman Lamb  
Care services minister

**Examples of both non verbal and verbal communication** skills which significantly help when communicating with an individual living with dementia

**Verbal:**

- speak in a calm way and notice the tone of your voice
- use short sentences giving small amounts of information
- allow time for the individual to answer
- don't argue about facts or try to 'correct' the individual

**Non verbal:**

- move to the person's level
- gain eye contact where possible
- use gestures, objects or signals as well as words, show the individual an object that relates to what you are saying

Values, beliefs and misunderstandings about dementia can affect attitudes towards an individual living with dementia because **it's all about understanding what dementia is, through communication with the individual living with dementia.**

**It's very important to treat the individuals living with dementia with respect.**

The right of respect doesn't stop when dementia comes!

**Task ②** Be able to apply a person centred approach in the care and support of individuals with dementia

• Demonstrate how an individual with dementia has been valued, included and able to engage in daily life (1 page to answer the question)

There are things that care assistants can do to make feel the individual living with dementia to be valued, included and able to engage in daily life.

**This includes:**

- Speaking in a calm way and notice the tone of the voice when talking with an individual living with dementia, help to attract the focus of the individual by making sure the individual understood what you are talking about.
- Giving the individual living with dementia, a real choices rather than asking open-ended questions. (Example: "Would you like a cup of tea or coffee?" instead of "What do you want to drink?") Do not argue or to try to 'correct' the individual living with dementia.
- Giving short and simple amounts of information when talking with an individual living with dementia, and allow time for the individual to answer.
- Using written pictures during the activities (such as how to get dressed or how to comb hair) and to remind the individual about appointments or to take medications.
- Participating to support groups to learn about how others deal with the stresses of caring an individual living with dementia.



**Task ②** Be able to apply a person centred approach in the care and support of individuals with dementia

- Show how an individual's life history and culture has been taken into consideration to meet their needs (2 pages to answer the question)

**What is life history?**



This is the whole life history and story of each person. Our life story makes us who we are today. Each life event and experience becomes part of us as a person. It affects how we see the world, the decisions we make, how we feel and act and how we form relationships with others.

We cannot change a person's life history. However, understanding and using that life history to support a person living with dementia is a vital part of person centred care.

**An individual's life history and culture has been taken into consideration to meet their needs by a person centred approach.**

A person centred approach is a way of working which aims to put the individual living with dementia at the centre of the care situation taking into account their individuality, wishes and preferences, likes and dislikes.

A person centred approach help to meet the psychological needs for an individual living with dementia, and that help to maintain well being.

Well being is about sense of hope, sense of agency, confidence, self esteem and physical health.

**Evidences of well being are:**

- can communicate wants, needs and choices
- makes contact with other people
- shows warmth and affection
- showing pleasure or enjoyment
- alertness, responsiveness
- uses remaining abilities
- expresses self creatively
- is co-operative or helpful
- responding appropriately to people
- expresses appropriate emotions
- relaxed posture or body language
- sense of humour
- sense of purpose
- signs of self-respect

**Psychological needs include, comfort, attachment, inclusion, occupation, identity and past of the individual.**

Psychological needs that help to provide accurate cares in dementia nursing home, and help to make feel like the individual living with dementia like home!

Knowing the life history and culture about an individual living with dementia, will help to not do "care mistakes"

**For example**, an individual living with dementia, who lived the Second World War, will judge inappropriate to have a German care assistant with a strong German accent.

It's can make "woke up" terrible memories of the individual living with dementia, and can change the mood and the ways of behaviour of the individual, by "depressing" the well being, appetite and happiness, and can ruin definitely all care efforts.

**Task ② Be able to apply a person centred approach in the care and support of individuals with dementia**

- Demonstrate how the stage of dementia of an individual has been taken into account when meeting their needs and preferences (4 pages to answer the question)

The stage of dementia of an individual has been taken into account when meeting their needs and preferences, when the dementia is getting worse, needs and preferences are different to fit as best as possible the individual living with dementia in the final stage of dementia.

In the care and support of individuals living with dementia, carers must show understanding, compassion, having patience and always treating the individual living with dementia as a human being who deserve respect at all times at all level of cares.

All this qualities are necessary requirements to the care of individual living with dementia as it can be a very challenging disease.

**The person-centred approach is based on the theory and philosophy of Dr Carl Rogers.**

It is a non-directive approach to being with another; that believes in the others potential and ability to make the right choices for him or herself, regardless of the therapist's own values, beliefs and ideas.

**Person centred approach help to ensure the needs of individuals living with dementia are appropriately met.**

Person centred approach is about ensuring that the individual living with dementia is the main focus of our attention and not the dementia.

It is a term used when describing good dementia care and also best practice in advocacy. It recognises a person's individuality, their personal history and personality. It seeks to understand the world from the individual's perspective. When a person behaves in a way that is difficult, aggressive or inappropriate it is the role of carers and others to try to understand why the person is behaving in that way, especially if they are unable to explain this themselves.

Knowing their past history, relationships and interests or trying to see the world from their perspective can often help with this.

Person centred also means focusing on the best in someone, their strengths rather than their difficulties, responding to their feelings even when we do not understand their behaviour.

As our understanding and awareness of dementia has progressed we encourage a relationship centred approach to the care of individuals living with dementia.

The emphasis here is to acknowledge the relationships that the individual has with carers and others, identifying the 'circle of care' that provides support which may be from family, friends, professionals. This approach also acknowledges who the individual considers to be important to them.

More recent debate is around recognising that the person with dementia is part of a wider community and looks at the role of being a citizen and maintaining their role and value to society. This requires a huge change in mindset which for many years has seen dementia as the end of roles and responsibilities and a life of dependency on carers and others.

Significant changes are taking place in the support and care of individuals living with dementia. Listening to what individuals living with dementia want and involving them in new initiatives is changing attitudes from dying with dementia to living with dementia.

There are some innovative examples of good practice and creative projects which seek to enhance the quality of life for individuals living with dementia.

Huge changes are taking place in the support and care of individuals living with dementia.

**Listening to what individuals living with dementia want and involving them in new initiatives is changing attitudes from dying with dementia to living with dementia.**

The following are some innovative examples of good practice and creative projects aimed at improving the quality of life of individuals living with dementia.

**Dementia Care Matters** provides training, consultancy and resources, working primarily within care homes to improve quality of life for individuals living with dementia. They believe strongly that 'feelings matter most' and featured in the BBC 2 series "Can Gerry Robinson Fix Dementia Care Homes?" in 2010.

**The Eden Alternative** is an organisation dedicated to improving the experience of ageing and disability around the world. It is a powerful tool for improving the quality of life for residents of care homes including individuals living with dementia and for recapturing a meaningful work life for staff. Their philosophy seeks to address the three plagues of loneliness, helplessness and boredom that constitute life for individuals in care homes and in the community.

**Innovations in Dementia CIC** is a community interest company that works nationally with individuals living with dementia, partner organisations and professionals with the aim of developing and testing projects that will enhance the lives of individuals with dementia. It has its own think tank of individuals with dementia who can be consulted on issues. They have some very innovative projects, one in which individuals living with dementia have made their own films about living with dementia but living their lives positively, with vitality and creativity. They are about individuals who are still learning, and still growing. They show that **dementia is life-changing, but not life-ending**. Outcomes from such projects will be to influence approaches to dementia care and support in order that they are more creative, positive and enabling.

**Dementia Adventure CIC** is another community interest company providing adventure travel and short breaks for individuals living with dementia, giving individuals living with dementia, more choice and control, enabling them to be seen and be active in their communities.

Aiming to challenge the stigma associated with dementia and challenge the assumptions about what individuals are capable of Dementia Adventure gives opportunities to go for a walk, have an adventure, enables individuals to do the things individuals want to do and stay in touch with nature.

**Counselling Directory** It can be very difficult to come to terms with the diagnosis of dementia - for both the individual with dementia and their family and friends.

Although dementia cannot be cured or reversed, it can be managed. In recent years, more attention has been given to counselling as a way of helping those with dementia and their families deal with the diagnosis. Counselling is recognised as an effective tool for helping make life as normal as possible for individuals living with dementia in the early stages of dementia. This directory offers to help you find a counsellor or psychotherapist dealing with dementia.

The stage of dementia of an individual has been taken into account when meeting their needs and preferences, in the early stages of dementia, carers can help an individual by talking about their life history and experiences with other residents in heeding group by reminding them things to do and the way to do it.

Encouraging individuals living with dementia in the early stages of dementia by taking part in a group of activities as going on outing, gardening, observing the changing of the nature, trees and flowers, observing vegetables growing up, just talking and reading newspaper, reading bible in religion group, playing card games or chess games or snakes and ladders games or quiz games, doing simple aerobics, drawing and painting nature, knitting, listening relaxing music and singing with musical activities, going out for trips, participating and sharing other resident's birthday, participating to cucumber tea, making outside afternoon tea when the weather is lovely, watching outside short classic films, doing tasks that encourage brain activity and to keep up regular exercise are the best ways to make feel the individuals living with dementia as close friends who can trust carers in the cares provided.

It's all about well **being for the individuals living with dementia** and also for the carers who spends a significant proportion of their life providing and expressing the needs the individual living with dementia deserved.

In the final stages of dementia, carers become the third hand of individuals living with dementia, and help them with washing, shaving, bathing, personal hygiene, dressing and undressing, moving around, feeding and drinking, assisting toilet, assisting to go to bed.

Care are different in the final stages of dementia, particularly for washing, dressing, moving around, feeding and drinking, assisting toilet and assisting to go to bed.

In the final stages, individual living with dementia that affect the brain stem meet problems with basic life support functions such as swallowing and breathing.

Individuals living with dementia in the final stages may have problems eating and swallowing solid foods and require a pureed diet, may have problems drinking and require thickened liquids to drink, may have problems with choking, as food and drink may be inhaled due to the brain not being able to regulate properly between swallowing and breathing, and may develop secondary health problems such as pneumonia caused by bacteria growing in the lungs, due to inhaled liquids.

**Individuals living with dementia in the final stages, enjoy listening relaxing music.**

Moving an individual living with dementia in the final stage require the utilisation of the Oxford advance hoist and Oxford electric-stand-aid hoist to help carers and others by assisting the individual to stand up and move around.



Information regarding the individual living with dementia should be monitored and recorded so that carers and others involved in their care can see how their illness is progressing, then the necessary information can be passed on to doctors, general practitioner or hospital specialists so that they may determine the next step in the process of the individuals care, such as medication or therapies that may be helpful.

All individuals living with dementia have rights. Rights are the freedoms to which all people are entitled.

**The right of freedom doesn't stop when dementia comes!**



**Reference and help to answer this question:**

<http://dan.advocacyplus.org.uk/pages/person-centred-approach.html>

<http://dan.advocacyplus.org.uk/pages/quality-of-life.html>

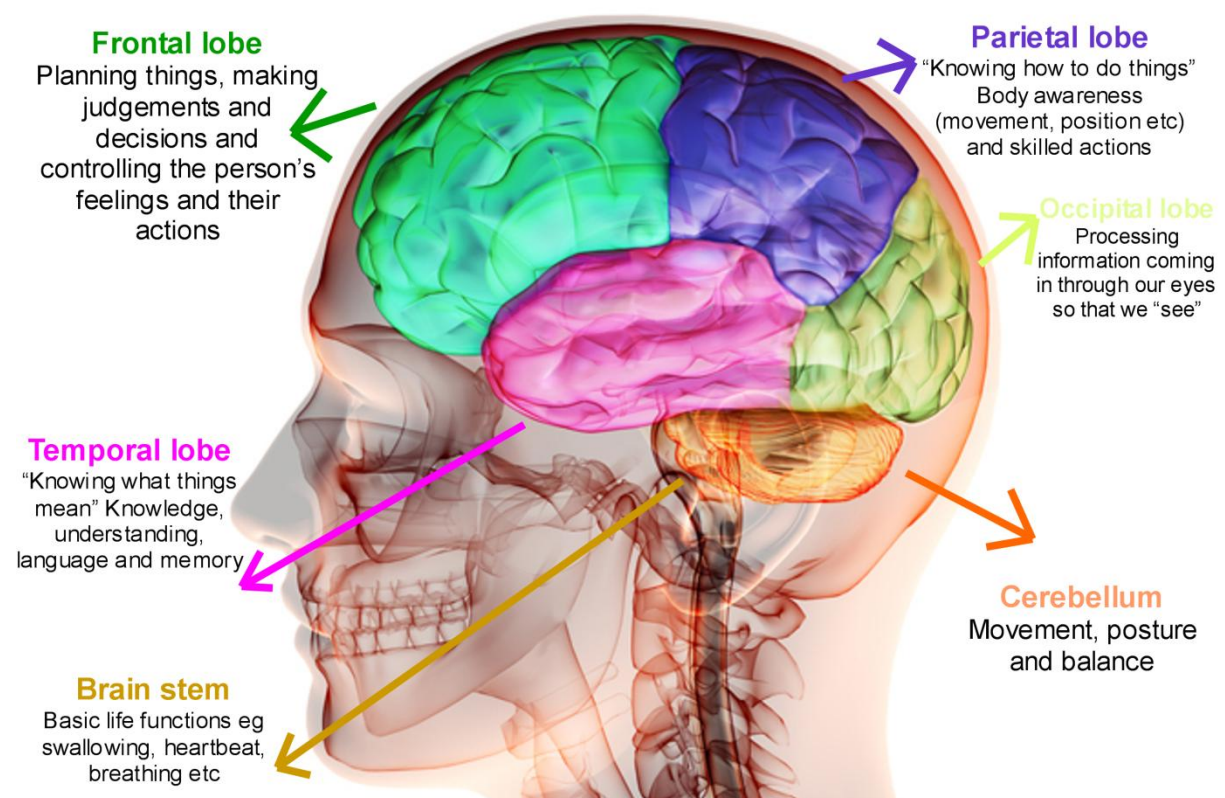
**Task ②** Be able to apply a person centred approach in the care and support of individuals with dementia

- Demonstrate ways of helping carers and others to understand that an individual with dementia has unique needs and preferences (4 pages to answer the question)

To answer this question, you have to understand why an individual living with dementia has unique needs and preferences. It's because of the ways the brain of an individual living with dementia works.

Dementia causes the brain to not work properly. This affects an individual's ability to do things which most of us take for granted.

**Brain of an individual living with dementia**



Person centred care puts the individual living with dementia, their experiences, well being, needs and feelings at the centre of the caring process.

Most of all person centred care is about seeing the individual first and the dementia second.

It is about ensuring that the care provided is always focussed on the individual and not just on the fact they have dementia.

Person centred care also values carers and others of individuals living with dementia and recognises their needs and feelings. We need to apply the principles of person centred care to working with carers and others too.

Person centred care also recognises carers and the valuable and important role they play in the lives of individuals living with dementia.

Person centred care applies to the way that carers relate to one another and to the way that organisations treat the carers.

An individual living with dementia has unique needs and preferences. Carers and others deserve much better financial support.

Carers and others also face reduced opportunities to work and earn an income. Carers in paid work often lose income and miss opportunities for promotion due to the time spent away from work on their caring commitments. A survey conducted for Carers Week 2013 found that because of their caring role:

- 60% have had a reduction in income
- 45% have given up work
- 42% have reduced their working hours
- 34% have missed out on the chance of a promotion

One of the main reasons for giving up work or reducing hours is the lack of suitable support in looking after the person they care for (Carers UK, 2012). Quality services can, and must, make a difference to carers' lives.

When carers and others are well-supported, they provide better care to the individuals living with dementia they care for and report better well-being outcomes themselves.

Carers and others are an important resource.

Carers and others know the individuals living with dementia better than anyone else.

Where an individual with dementia has lost capacity to communicate, carers and others offer a valuable insight into what the individuals living with dementia may be experiencing or communicating.

It is important that carers and others have regular breaks and time for their own needs. Time away from caring can help carers and others to regain the energy needed for caring, and without these breaks many carers and others would be unable to continue caring of individuals living with dementia.

Carers and others are entitled to an assessment of their needs. However, often carers and others do not have an assessment of their needs or do not have a package of support in place to deliver on assessed need, and many are not aware of their entitlement to an assessment. Alzheimer's Society (2011) Support. Stay.Save. report found that only 37% of carers report they have had an assessment and receive social services support.

The 'community care assessment', also referred to as a 'care assessment' or a 'needs assessment', enables social services to find out what the individual's care needs are, and to decide which services could help to meet those needs. This could be care in the individual's own home, such as, equipment and adaptations, meals on wheels, home care, short break services (respite) and day care.

Information about all aspects of caring help the carers and others and the individual being cared for live with the maximum possible quality of life. Carers and others must have full access to information about rights and entitlements to make informed choices. Carers and others need to be provided with information about what dementia is and the best way of caring for an individual living with dementia. This can increase their confidence, decrease levels of stress and improve the care they provide for the individual living with dementia.

Internet access to peer support for carers is a source of valuable emotional support.

Carers and others want to know that they are not alone and to get practical advice from others who are in the same situation. Carer support groups and cafes provide an informal environment where carers can discuss issues affecting them and seek advice and support from others who are in the same situation. These forums are especially helpful because they help carers and others to escape the social isolation many carers and others face. Carers often tell **The Society** that they gain huge emotional benefits from peer support. Peer support must be carefully planned and executed to ensure it provides good quality care and support for individuals living with dementia.

### **Reference about carers and others support:**

[http://www.alzheimers.org.uk/site/scripts/documents\\_info.php?documentID=546](http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=546)

**Ways of helping carers and others to understand that an individual with dementia has unique needs and preferences are** a better understanding about what is dementia and to ensure that, an individual living with dementia meet all the needs in everyday life by a person centred approach, who will help carers and others to provide accurate cares and maintain well being for the individual living with dementia and also for carers and others in their caring role.

## **Summary to help carers and others to understand that an individual living with dementia has unique needs and preferences:**

- Person centred approach help to ensure the needs of individuals living with dementia are appropriately met.
- Person centred approach is about ensuring that the individual living with dementia is the main focus of carers and other's attention and not the dementia.
- An individual living with dementia has lost many of his normal brain functions.
- Carers and others can be helped by a person centred approach for an individual living with dementia to meet the needs to maintain well being for the individual, and a person centred care also values carers and others in their caring role.
- Carers and others are an important resource, and know the individuals living with dementia better than anyone else.
- It is important that carers and others have regular breaks and time for their own needs.
- Carers and others are entitled to an assessment of their needs.
- Information and training for carers and others, and Internet access to peer support for carers and others.

## **Caring of individual living with dementia is a very challenging disease.**

About **The Society** campaigns for:

- Carers and others to be supported in their role and not to be financially penalised, and to receive better information and advice.
- Implementation of the Dilnot proposals as a minimum, as well as a wider debate about how to improve quality, meet the level of unmet need, abolish the postcode lottery and end the dementia tax. There must also be similar action in Wales and Northern Ireland.
- Affordable high quality respite care and access to short breaks - not just for emergencies, but regular basis, planned and home-based where possible
- Peer support networks to be available to all carers and others of individuals living with dementia
- Carers and others to be true partners in care, involved in decisions about care and also in designing the care and support that they and the individual with dementia receive.

## **About the Dilnot (Andrew Dilnot):**

<http://webarchive.nationalarchives.gov.uk/20130221130239/http://dilnotcommission.dh.gov.uk/>

**Task ③** Be able to work with a range of individuals who have dementia to ensure diverse needs are met

- Demonstrate how to work in ways that ensure that the needs and preferences of individuals with dementia from a diverse range of backgrounds are met (1 page to answer the question)

Working in ways that ensure that the needs and preferences of individuals living with dementia from a diverse range of backgrounds are met, **means to treat everyone fairly with equality, diversity and inclusion.**

For example, if you have a vicar coming in to see some of your residents and providing a Church of England service you should also be able to meet the needs of other religions such as Hindu (if this is required) and have someone come to the home to provide them with what they need to follow their religious needs and preferences. The same applies to activities there should be a range so that people have choices to meet their equality needs.

Diversity **means recognising that everyone is different**; no two people are the same.

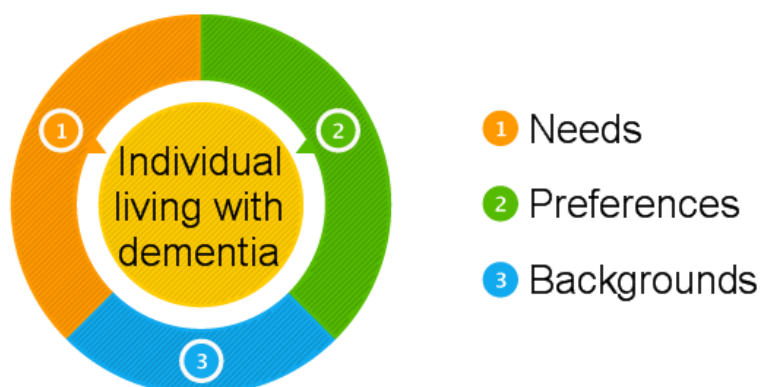
Everyone has their own needs, preferences, aims, goals and wishes and we need to help and support all individuals to meet their diversity needs.

For example, an individual with dementia, who is from the Muslim religion, will ask to not have pork meat during lunch time. The care staffs have to work in ways that ensure that the needs and preferences are respected, following the religion's choice of the individual living with dementia.

Inclusion **means enable, encourage and empower people to be included** in everything they want to do.

Individuals living with dementia feel sometimes to be excluded because they think they are unable to participate because of their illness. It is just a matter of finding what they like to do and different ways of them doing things whilst taking into account the risks which are involved and reducing them as far as possible in line with all the policies and procedures you may find in your work place.

Ensure the needs and preferences of individuals living with dementia from diverse backgrounds



**Task ③ Be able to work with a range of individuals who have dementia to ensure diverse needs are met**

- Describe how the experience of an older individual with dementia may be different from the experience of a younger individual with dementia (1 page to answer the question)

The experience of an older individual living with dementia may be different from the experience of a younger individual living with dementia by many ways, depending on age type of dementia and level of ability and disability.

Depending on the form of dementia individual's ability and disability will be different.

Individuals living with dementia may not necessarily always be forgetful, for example an individual with Fronto-temporal dementia may be less forgetful than an individual suffering from Alzheimer disease. Their memory may remain intact but their personality and behaviour could be noticeably changed.

Dementia with Lewy bodies interrupts the brain's normal function and affect the individual's memory, concentration and speech skills. It has similar symptoms to Parkinson's disease such as tremors, slowness of movement and speech difficulties. Individuals with vascular dementia may suffer from incontinence or seizure where other types of dementia may not affect those.

However the level of ability and disability depend on individual's age and condition of dementia.

Individuals living with dementia in earlier age such as 60's-70's are less likely to be as dependable on others than individuals living with dementia at the age of over their 70's or 90's.

Individuals also have different levels of stamina at different ages, so their ability and disability may vary and the level of support they require will be varied as well.

There is little awareness or understanding of the needs of individuals living with dementia at an early age, and this can make it very difficult for younger individuals living with dementia to access adequate support.

The needs of a younger individual with dementia and their friends and family are not just related to age. Younger individual living with dementia may have different concerns and interests to older individual living with dementia.

Activities planned for older individual with dementia who are less physical, is unlikely to meet the needs of younger individual with dementia.

To provide different activities for individuals living with dementia from a different generation are essential for younger individual living with dementia to meet their complex needs, to maintain their day-to-day skills, friendships, hobbies and interests, and to offer support to continue to live an active life as a member of the local community.

**Task ③** Be able to work with a range of individuals who have dementia to ensure diverse needs are met

- Describe how to use a person centred approach with an individual with a learning disability and dementia (**3 pages to answer the question**)

To use a person centred approach with an individual with a learning disability and dementia help to understand the needs are different than an individual living with dementia without learning disability.

Person centred approach is a "communication tool" that help to meet the appropriate and accurate needs for an individual living with dementia, with learning disability or not.

An individual living with dementia with learning disability will have a different person centred approach than an individual living with dementia without learning disability, because the needs are different.

Individual living with learning disabilities have a higher risk of developing dementia compared to the general population, with a significantly increased risk for people with Down's syndrome and at a much earlier age.

Using a person centred approach with an individual with a learning disability and dementia help to "draw" a value base regarding the age, and the intellectual ability.

**Person centred approach is a picture of the individual's needs with words.**

Person centred approach for an individual with a learning disability and dementia help to provide assistance with an individualised approach, recognising the individual is unique.

Also, a person centred approach for an individual with a learning disability and dementia help to understanding the world from the perspective of the individual with learning disability and dementia.

To understand "what happen" and "how things are going" from the perspective of the individual with learning disability and dementia, really help to provide much better cares and great help!

Using a person centred approach with an individual with a learning disability and dementia, help to provide a social environment that supports psychological needs for the individual with learning disability and living with dementia.

**Person centred approach example with Carol and Jennifer story:**

[gaelromanet.com/PCACAJS.docx](http://gaelromanet.com/PCACAJS.docx)

**Example of Person centred approach "communication tool" with Person centred approach Carol and Jennifer story: [gaelromanet.com/PCACAJS.docx](http://gaelromanet.com/PCACAJS.docx)**

### Carol Person Centred



**Example of Person centred approach "communication tool" with Person centred approach Carol and Jennifer story: [gaelromanet.com/PCACAJS.docx](http://gaelromanet.com/PCACAJS.docx)**

## Jennifer Person Centred

