Generic Service Intervention: Dementia Competency Framework

Developing people for health and healthcare

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Acknowledgements

This framework was commissioned and funded by Health Education England - West Midlands as part of a dementia innovation programme hosted by North Staffordshire Combined Healthcare NHS Trust.

The framework was developed in collaboration with Skills for Health, steered by a multi-disciplinary group of professionals from medicine, nursing, dental, education and academia backgrounds working in primary, acute and mental health settings. The group also engaged with colleagues from social care and 3rd sector organisations and most importantly people living with dementia and carers of people living with dementia. We are extremely grateful to all that participated and contributed towards creating this framework.

Key contributors include:

- Health Education West Midlands Local Education and Training Board
- Health Education West Midlands Mental Health Institute Local Education and Training Council (MHI LETC)
- The MHI LETC Dementia Innovation Programme Board and contributors to project teams
- Dr Karim Saad - Project team 1 chair
- Margaret Harries - Project team 2 chair
- Skills for Health
- The people living with dementia and carers who have provided expert reference, advice and guidance
- Dr Teresa Hewitt-Moran – MHI LETC Senior Lead
- Chris Malvern – MHI LETC Workforce Development Specialist
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Introduction

At the heart of the work of the Dementia Innovation Programme is a desire to improve the experiences of care for people living with dementia, their families and carers. We set out to develop a framework to ensure that the workforce has the right skills, knowledge and values to deliver the highest quality of care.

It was estimated in 2014 there were 800,000 people living with dementia in the UK with this figure rising in 2015 to 850,000 people in the UK living with dementia. Numbers are expected to continue rising to 1,142,667 in 2025 and 2,092,945 by 2051 (Alzheimer’s Society 2014). The West Midlands estimated prevalence is 52,652 with an estimated diagnosis rate of 55.5%. (NHS England national diagnosis rate 59.2%, February 2015). Dementia remains the most feared condition in over 55s in the UK.

With increasing opportunities for risk reduction, tackling stigma, improving standards of post-diagnostic support, and developing dementia friendly communities, this means that care providers must now expand the skills of their workforce, from dentists to emergency services crew and from primary care clinicians to ward porters, thereby ensuring that those living with dementia can benefit from a fit for purpose, integrated, evidence-based dynamic dementia pathway.

In 2008 people with dementia in the West Midlands together with their carers and a multidisciplinary group of clinicians had developed an important legacy report. They recognised that despite the worrying demographics of dementia in this region and the projected dwindling numbers of carers, there were no overarching, proactive dementia services.

Their vision was to develop a West Midlands Integrated Dementia Pathway (see overleaf) to enable anyone with a suspected or confirmed diagnosis of dementia to access an integrated, seamless, proactive and high quality locality based service that encompasses all the expertise to meet the needs of the people with dementia and those of their carers.

Our programme endorses the integrated dementia pathway, which promotes wellbeing, tackling stigma and raising awareness in schools alongside the provision of timely accurate diagnosis, quality post-diagnostic support and care, dementia-friendly communities and appropriate end of life care.

Our competency framework aims to be truly person-centred, by prioritising the person and not the disease, is value and competency based, utilising lived experience narrative to focus discussions between manager or trainer and their team. The framework sets the benchmark to understand the skills and knowledge that care providers should aspire to and it is therefore a tool to work ‘towards’ not to work to.
West Midlands Integrated Dementia Pathway

Other Long Term Conditions

Dementia Pathway Coordinator

Looking to the future

1. Promote Wellbeing & Resilience (HealthCheck1)
2. Awareness starts in school
3. Dementia Friendly Communities

Public Domain

1. Dementia Friendly Prescribing
2. Dementia Friendly Hospitals / A&E
3. Integrated CMHT
4. Cognitive Simulation
5. Reablement / Intermediate Care
6. Home Treatment / Crisis Intervention
7. Psychological Services
8. Younger Onset Dementia & ARBD
9. Appropriate Home & Respite Care
10. Quality Residential / Nursing Care
11. End of Life care
12. Bereavement

Timely Accurate Diagnosis

- GP Assessment & Referral
- Primary Care Liaison Worker
- Memory Assessment
- Multidisciplinary workforce
- Expert diagnosis & Interventions
- Information Research
- Information & Self Help, Assistive Technology, IAPT, Carer support, Direct Payments, Advanced Care Planning, Genetic Counselling, Dentistry, Hearing & Sight checks (HealthCheck2)

Ongoing Integrated Care

- Diagnosis
- Looking to the future

Specialist Dementia Services

SCN, PHE, HEE, AHSNs, ADASS, LAs, HWBs, Royal Colleges, 3rd Sector

Patient, Carer & Public Engagement
A diverse range of NHS stakeholders have been involved in refining this work including people living with dementia, carers, higher education institutions, health and social care, the voluntary sector, members of the public and the private sector. We sought to involve as broad a range as possible recognising that as we strive to assure standards and improve care, so we need to integrate our approaches and our resources, which in turn will help to standardise the level of care across sectors.

Much work has already been achieved in relation to dementia education. Our framework has been cross referenced with a range of international, national, regional and local documents, whilst at the same time engaging in a bottom up approach to understand the reality and aspiration of value for money dementia care provision.

The national Dementia Core Skills and Knowledge Framework specifically addresses core skills and applies to all staff, whilst our West Midlands Generic Service Dementia Intervention Framework addresses further knowledge and skills required by the clinical workforce in addition to these Core Skills.

The 3 tiers are:
- **Tier 1** – Foundation (Awareness) – dementia awareness raising in terms of knowledge, skills and attitudes for all those working in health and care
- **Tier 2** – Intermediate (Practitioner) – knowledge, skills and attitudes for roles that have regular contact with people living with dementia
- **Tier 3** – Advanced (Specialist) - enhancing the knowledge, skills and attitudes for key staff (experts) working with people living with dementia designed to support them to play leadership roles.

The framework is incremental, so assumes that those working at a tier 2 level will also have the competencies identified at tier 1, and those working at tier 3 will also have the competencies identified at tiers 1 and 2. Although the framework is dementia specific it acknowledges that managers have responsibilities for the on-going support and development of staff in all areas of their work and practice. Equally it assumes that those working at tier 3 will be taking a leadership role offering specialist support, consultation and supervision to staff working with people with dementia who have complex and more routine needs.
Understanding the Competency Framework

The Dementia Generic Service Interventions Competency Framework is intended to support the development of a competent and confident workforce across the West Midlands Region, all disciplines and sectors, in order to provide an effective, quality service to meet the needs of the people with living with dementia, carers and families, in all settings, including those providing acute care or in the community.

It is divided into nine sections/pathway points which include statements of activities, skills and knowledge required to work effectively at each pathway point with the focal point of the framework is the individual.

A complete map with underpinning statements can be found in appendix 1 and is an ideal 1 page pictorial overview of the framework.
The development of the competency framework included a mapping exercise which includes and incorporates:

- ‘A Competent and Capable Mental Health Workforce Programme’
- Birmingham and Solihull Dementia Strategy (2014), “Give me something to believe in.”
- Department of Health (2011) Quality Outcomes for people with dementia: Building on the National dementia Strategy
- Department of Health (2013-2015) “Delivering high quality effective, compassionate care: Developing the right people with the right skills and the right values”
- National Institute For Health And Clinical Excellence Quality Standards - Dementia
- NHS KSF Domains
- Proposed Care Certificate Standards
- Skills for Care, Skills for Health and Department of Health , (2011), The Common Core Principles for Supporting People with Dementia
- Skills for Health and Skills for Care (2012) Carers Matter – Everybody’s Business Supporting resources to enable learning and development of staff that support carers
- Skills for Health and Skills for care (2014). Common Core Principles and competences for social care and health workers working with adults at the end of life
- The Dementia Core Skills and Knowledge Framework
West Midlands Strategic Health Authority (2008) Caring for people with Dementia: It’s Really Time To Do Something Now!

In addition to cross referencing to national, international and local documents, the framework has also been mapped to appropriate National Occupational Standards (NOS.) NOS describe the skills, knowledge and understanding needed to undertake a particular task or job to a nationally recognised level of competence. They focus on what the person needs to be able to do, as well as what they must know and understand to work effectively. They describe the minimum standard to which an individual is expected to work in a given occupation, and set out a statement of competence which brings together the skills, knowledge and understanding necessary to do the work and offer a framework for training and development.

The scope of the framework is limited to dementia workforce roles focused on improving service-user outcomes and does not seek to address Organisational (Core) skills including:

- Leadership and Management
- Functions associated with the 6 Core Dimensions of NHS KSF
- Administrative and Clerical functions
- Information and Technology skills.

“The Dementia Core Skills and Knowledge Framework “(2015) contains details of skills and knowledge required for best practice in:

- Equality, Diversity and Inclusion in Dementia Care
- Law, ethics and safeguarding in Dementia Care
- Leadership in transforming Dementia Care.

**Using the Competency Framework**

The framework is intended to be used in a variety of ways and managers and service leads are encouraged to use examples from practice to illustrate elements of the framework and the activities contained within it. Suggested uses include:

- Informing commissioning contracts;
- In recruitment processes;
- With individuals in supervision and appraisal;
• As a basis for team discussions;
• To identify learning and development needs across a whole organisation;
• Form the design and content of learning and development programmes.

How to use the Framework to identify learning needs with individuals.

These examples were drawn from a small representative sample of the dementia workforce across the region who took part in a three month learning needs analysis pilot which aimed to measure the use of the competency framework and identify skills gaps and developmental needs.

Team managers used the framework to identify the activities that individual members of staff undertook as part of their role within each of the pathway points and at which tier.

Examples include:

• **Care Givers working in domiciliary care services:**
  Tier 1 Activities: Access to Safe Coordinated Care; Timely Assessment and Treatment Planning, Enabling Well-being, Care, Choices and Preferences, Therapeutic Care and Person-centred care.

• **Band 5 registered Nurse working on a cardiology ward in an acute trust:**
  Tier 2 Activities: Access to Safe Coordinated Care, Enabling Well-being, Care, Choices and Preferences and Person-centred Care.

• **Band 5 and 6 Physiotherapists working in an acute trust:**
  Tier 2 Activity: Timely Assessment and Treatment Planning.

• **Community Psychiatric Nurse and Occupational Therapist working in an adult community mental health service.**
  Tier 2 Activities: Timely Assessment and Treatment Planning, Enabling Well-being, Care, Choices and Preferences, Therapeutic Care, Person-centred care and Accommodation and Welfare Support.

• **Business Managers working in an acute trust.**
  Tier 3 Activities: Monitoring and Measurement and Improvements and Innovations.

• **Ward Clerk working in an acute trust.**
  Tier 2 Activity: Family and Carer Needs
The I-Story Framework

To promote retention of a service-user/individual focus; the framework is accompanied by an ‘I Story Framework’, developed in conjunction with people with dementia and carer groups and mapped to local and national documents. The ‘I Story Framework’ describes what people living with dementia and carers expect from the services they receive and is represented pictorially at the start of each section of the competency framework by different characters. The cartoon figures were developed for the Thinking Differently About Dementia accelerated learning event 2014 by Cap Gemini who kindly granted permission for their use.
Access to safe, coordinated care

I know there are Dementia services I can access and how to access them
I know that I will always be treated with dignity and respect and this encourages me to access services when I need them
I feel in control of my own health and have choices about the way my needs are met
My care is guided and managed well by knowledgeable and skilled people who involve me in all decisions
When things go wrong everyone knows what to do to start making things better
## Access to safe, coordinated care

<table>
<thead>
<tr>
<th>Pathway Area/Statement</th>
<th>Tier 1: Foundation/Awareness</th>
<th>Tier 2: Intermediate/Practitioner</th>
<th>Tier 3: Advanced/Specialist</th>
</tr>
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<tbody>
<tr>
<td>Dementia awareness raising in terms of knowledge skills attitudes for all those working in health and care</td>
<td>Knowledge skills and attitudes for roles that have regular contact with people living with dementia</td>
<td>Enhancing knowledge, skills &amp; attitudes for key staff (experts) working with people living with dementia designed to support them to play leadership roles</td>
<td></td>
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<tr>
<td>Knowledge and understanding of:</td>
<td>Knowledge and understanding of:</td>
<td>Ability to:</td>
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<tr>
<td>• hard to reach groups and cultural issues, and the possibility of stigma associated with dementia</td>
<td>• the importance of signposting to appropriate services and the ways to do so</td>
<td>• develop innovative ways of promoting access to services including social media and new technologies</td>
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<tr>
<td>• awareness of the common causes of dementia, dementia, and that dementia may be expressed in different ways, for example fear of new people or situations</td>
<td>• differing referral processes and the information required to make appropriate referrals</td>
<td>• support others to use new ways of accessing services</td>
<td></td>
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<tr>
<td>• how to use information technology to find information about services</td>
<td>• the provision of advocacy services and the reason why an independent advocate may be required to support an individual, family/carer.</td>
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### National Occupational Standards (NOS)

<table>
<thead>
<tr>
<th>Tier 1, 2 and 3:</th>
<th>Tier 2 and Tier 3:</th>
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<tbody>
<tr>
<td>SCDHSC0026 SCDHSC0330</td>
<td>CHS177 CHD HN3 SCDHSC0367 SCDHSC0410</td>
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### Maximise effective deployment of the multi-disciplinary team approach

<table>
<thead>
<tr>
<th>Knowledge and understanding of:</th>
<th>Knowledge and understanding of:</th>
<th>Ability to:</th>
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</thead>
<tbody>
<tr>
<td>• how other professions/services/resources can help in the care of people with dementia.</td>
<td>• how to maximise the access of other professions/services and resources to the multi-disciplinary</td>
<td>• act as a case manager and manage the care of people with complex needs using the skills</td>
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<tr>
<td>Access to safe, coordinated care</td>
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<td><strong>Ability to:</strong></td>
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<td>- undertake a team approach, with carer involvement</td>
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<td>team. (eg dentistry, optometry, pharmacy)</td>
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<td>- be able to communicate with other services and involve them in the process.</td>
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<td><strong>Ability to:</strong></td>
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<td>- act as a key worker to maximise the effective deployment of the multi-disciplinary team</td>
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<tr>
<td><strong>National Occupational Standards (NOS)</strong></td>
<td>Tier 1, 2 and 3: GEN39</td>
<td>Tier 2 and Tier 3: CFAM&amp;LDD1 CFAM&amp;LDD2</td>
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<tr>
<td><strong>Managing referrals, transfers/discharges and transitions</strong></td>
<td>Knowledge and understanding of:</td>
<td>Knowledge and understanding of:</td>
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<tr>
<td></td>
<td>- the need to ensure that the health and wellbeing needs of the person with dementia are being taken care of during the discharge and transition process</td>
<td>- the range of services available to support individuals</td>
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<tr>
<td><strong>Ability to:</strong></td>
<td>- help an person with dementia prepare for discharge and transitions</td>
<td>- how to access the required services</td>
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<td>- methods of recording information about individuals that will be helpful in supporting transfers and discharge e.g. About Me</td>
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<td>- the particular needs of and communication methods required by any individual to avoid distress</td>
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<td>- how to carry out a handover/briefing and what information should be included.</td>
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<td><strong>Ability to:</strong></td>
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<td>- identify a route to a service required by a person with dementia</td>
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<td>- refer individuals appropriately to</td>
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<tr>
<td>Pathway Area/Statement</td>
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<td>other teams, including the mental health team</td>
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<td></td>
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<td>• carry out handover</td>
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<td>• start the discharge process at the right time</td>
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<td>• ensure that the person with dementia is fully supported through discharge and transition and that their health and wellbeing needs are met throughout</td>
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</tbody>
</table>

**National Occupational Standards (NOS)**

Tier 1, 2, and 3: Tier 2 and Tier 3: Tier 3: GEN17

CHS126 CHS124 CHS98 GEN123 CHS122 GEN16 GEN17 GEN28

GEN117
<table>
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<tr>
<td>Managing care programme approach including integrated care planning (health and social care)</td>
<td>Ability to: • respond appropriately to a person’s concern about their care plan</td>
<td>Knowledge and understanding of: • what constitutes best interest, &amp; understanding of families &amp; carers, their concerns and requirements • the range of support services which may be available and how they may be incorporated into integrated plans by the extended multidisciplinary team • the relationships between services and their availability.</td>
<td>Ability to: • undertake ongoing evaluation of current practice • contribute to the development and review of policies and procedures • provide specialist supervision and consultation to individuals and teams on how best to support and manage someone with complex needs</td>
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</table>

National Occupational Standards (NOS) Tier 2 and 3: CHS121 CHS44 CHS124 CHS233 GEN79 Tier 3: GEN117
### Access to safe, coordinated care

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| Positive risk management (including Risk to self and others, safeguarding and personal safety) | Knowledge and understanding of:  
  - the implications of safeguarding, and the potential for abuse.  
  - the concept of risk management.  
  **Ability to:**  
  - identify safeguarding issues and act in line with local policies and protocols, sensitively and appropriately. | Knowledge and understanding of:  
  - the process of risk management, and the multidisciplinary team approach.  
  **Ability to:**  
  - assess and manage risk using a multi-disciplinary team approach  
  - take into account the needs of the individual and family/carers, and identify who the first point of contact is for them  
  - not be risk averse, considering the requirements of the individual and balancing risk with quality of life  
  - have a sensitive and appropriate approach to the management of safeguarding risks. | **Ability to:**  
  - provide specialist advice and consultation to the multidisciplinary team on complex cases and instances of multi-faceted risk  
  - lead safeguarding assessments                                                                 |

| National Occupational Standards (NOS) | Tier 1: SCDHSC0395  
Tier 2 and Tier 3: CHS46 SCDHSC0450 GEN112  
Tier 3: SCDHSC0430 |  
|--------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
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| Crisis/emergency planning, planning for the future | Knowledge and understanding of:  
- when crisis/emergency planning should take place and who should be involved  
- different models of crisis planning.  
**Ability to:**  
- identify when crisis/emergency planning should take place, ensuring people are prepared in advance, before any crisis occurs.  
- undertake a team approach, with carer involvement  
- access and communicate with support services and involve them in the process. | Ability to:  
- provide specialist supervision and consultation on future planning including at a time of crisis and or emergency |
| National Occupational Standards (NOS) | Tier 2 and Tier 3: [MH21.2013 CHS233](#) | | |
Timely accurate diagnosis and treatment planning

I know that I will have access to appropriate diagnosis when it is right for me. My assessment was sensitive enough to identify my difficulties while they were still mild. I received a more detailed assessment if my initial assessment was inconclusive. I was diagnosed early and my holistic needs were fully identified and my diagnosis was sensitively explained. I was involved in developing a clear plan for meeting my health needs that is reviewed regularly to address any changes. My GP, Health and Social Care Workers all understand what I am able to do and support me to make decisions for myself.
## Timely accurate diagnosis and treatment Planning

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| **Recognise early signs of Dementia - selecting the most sensitive tools in order to detect functional cognition changes at an early stage and knowing how and when to request/administer more sensitive/ detailed assessment when brief tools are inconclusive. Understand support/treatment available** | **Knowledge and understanding of:**  
- causes of dementia and reversible causes of memory loss and mild cognitive impairment (MCI)  
- how the assessment of individuals may be a complex process  
- the causes of dementia, and the changes that occur as a result, and how these may be expressed by an individual. | **Knowledge and understanding of:**  
- the importance of a full medical history, laboratory tests, imaging, physical examination, characteristic changes in cognition function and behavior, in diagnosing dementia.  
- the implications of testing and diagnosis, who may be available to help, and the process now involved  
- interventions that are available depending on the type and stage of the dementia  
- the dementia support services that are available. |
| **Ability to:**  
- recognise early signs of Dementia - selecting the most sensitive tools in order to detect functional cognition changes at an early stage and knowing how and when to | **Ability to:**  
- give information, advice, guidance and support with reference to assessment and the possible outcome, and who may help  
- carry out the diagnostic process  
- take into account a positive | **Ability to:**  
- provide specialist advice, and consultation when people present with non-standard signs and symptoms |
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| request/administer more sensitive/detailed assessment when brief tools are inconclusive and understand the support/treatment available | | diagnosis is a distressing and life changing event
- recognise when to refer individual for additional assessments
- carry out referral for further assessment.
- Interpret test result | |
| National Occupational Standards | Tier 2 and Tier 3: CHS38 CHS39 CHS118 CHS42 CHS99 CHS83 | |
| Appropriate investigations undertaken by suitably qualified and skilled staff; ruling out reversible causes of memory loss and mild cognitive impairment (MCI) | Knowledge and understanding of:
- behavioural changes related to dementia.
**Ability to:**
- communicate effectively with the individual and make arrangements in a manner that helps the individual to comply with the process taking account of their anxieties or agitation
- reassure and support an individual anticipating a particular diagnosis. | Knowledge and understanding of:
- the process and governance issues related to the diagnostic process
- physical conditions that may be responsible for symptoms of dementia
- behavioural changes related to dementia
- suitable examinations and test including bio markers, memory and mental/cognitive tests
- when each should be used and the relevance of their potential outcomes.
**Ability to:**
- identify and request appropriate | Ability to:
- provide specialist advice and consultation when people present with non-standard signs and symptoms |
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<td>investigations</td>
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<td>• take and record a history from an individual who may be anxious, nervous or agitated</td>
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<td>• carry out investigations that will assess memory, cognition, mental health, and/or physical examinations.</td>
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<td>National Occupational Standards (NOS)</td>
<td>Tier 1,2 and 3: CHS168 CHS217 CHS132.2013 CHS19.2012 Tier 2 and Tier 3 CHS38 CHS40 CHS167 CHS118 CHS39</td>
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<tr>
<td>Sensitivity communicate diagnosis</td>
<td>Knowledge and understanding of: • how to ensure ongoing support to help accept diagnosis. Ability to: • take into account and help to manage the shock and anger that the individual and family may experience.</td>
<td>Knowledge and understanding of: • the resources to support people prior to, at, and post diagnosis • facilitating difficult conversations • how to address stigma and prejudice • the benefits of diagnosis • how technical support e.g. apps, can be used to help at this time. Ability to: • give advice, information and guidance re support available to help manage the initial impact and effects of dementia and its diagnosis. • give advice and support, for instance pre-diagnosis, to enable the person to make an informed decision</td>
<td>Ability to: • communicate diagnosis in a sensitive manner, and in a way that can be understood by the individual, family and carers • follow up with post diagnosis education and advise and encourage individual to inform pharmacist, dentist, podiatrist etc. of diagnosis.</td>
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### Timely accurate diagnosis and treatment Planning

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<tr>
<td>National Occupational Standards (NOS)</td>
<td>Tier 1,2 and 3 SCDHSC0226 Tier 2 and Tier 3 SCDHSC0419 SCDHSC0026 GEN99 CHS177 Tier 3 CHS48 GEN62 CHS56</td>
<td></td>
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<tr>
<td>Mental capacity assessment</td>
<td>Knowledge and understanding of:  - possible indicators of dementia  - the memory clinic process Ability to:  - identify when an individual expresses non cognitive signs of dementia  - contribute to a Mental Capacity Assessment  - offer responses and manage difficult situations and emotions both own and from others</td>
<td>Knowledge and understanding of:  - assessment tools, how they are used and what they indicate  - the Mental Capacity Act, Mental Capacity Assessment and who should be involved  - the implications, processes and outcomes associated with Mental Capacity Assessment Ability to:  - use indicators such as:  - an independent consultation with the person with dementia the rates of use of antipsychotics and anti-depressive medicines  - death rate compared to death rate of those without dementia in a unit  - performance monitoring tools to monitor the care programme approach, communicate and share information with mental health teams to ensure a positive outcome for the individual  - lead on carrying out a Mental</td>
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</table>
# Timely accurate diagnosis and treatment Planning

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<tr>
<th>Pathway Area/Statement</th>
<th>Tier 1: Foundation/Awareness</th>
<th>Tier 2: Intermediate/Practitioner</th>
<th>Tier 3: Advanced/Specialist</th>
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<td>Capacity Assessment</td>
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<td>• refer on to specialist services for example: speech and language therapy, occupational therapy, clinical psychology, dietetics</td>
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<tr>
<td></td>
<td></td>
<td>• use specialist skills to find innovative ways to engage, communicate and enable people with dementia and their carers to make decisions</td>
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</tr>
</tbody>
</table>

**National Occupational Standards (NOS)**

- Tier 1, 2 and 3: [SCDHSC0226](#)
- Tier 2 and Tier 3: [CHS52 CHS230](#)

## Assessment processes including non-cognitive symptoms/behaviour perceived as challenging

**Knowledge and understanding:**
- awareness of behaviour as communication.

**Ability to:**
- respond positively to behaviour
- to validate, recognise the feeling or emotion,
- to reassure and offer a response.

**Knowledge and understanding of:**
- behaviour as an expression and communication of feelings
- biopsychosocial model of evaluation of behaviour, which may be multifactorial, e.g. isolation, pain, noise.

**Ability to:**
- apply the biopsychosocial model to recognise the cause of distress/behaviour and respond appropriately.

**National Occupational Standards (NOS)**

- Tier 1, 2 and 3: [SCDHSC0226](#)
- Tier 2 and Tier 3: [GEN99 CHS230 CHS39](#)
<table>
<thead>
<tr>
<th>Pathway Area/Statement</th>
<th>Tier 1: Foundation/Awareness</th>
<th>Tier 2: Intermediate/Practitioner</th>
<th>Tier 3: Advanced/Specialist</th>
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</thead>
</table>
| Processing information and formulation | Knowledge and understanding of:  
- formulation as a process of making sense of the information gathered in an assessment and using that information to make a productive way of helping the individual.  
**Ability to:**  
- take part and contribute to the process of formulation using the information to develop a meaningful care plan, involving the individuals as much as possible. | **Ability to:**  
- offer specialist support and consultation to teams in the formulation process |
| National Occupational Standards | Tier 2 and Tier 3:  
**FMH1 CHS45** | | |
| Treatment planning including palliative care | Knowledge and understanding of:  
- the individual, their preferences, and how they may be recorded as soon as possible for future reference  
- the particular issues of young onset dementia  
- the range of dementias, types and prognoses for example alcohol related dementia | Knowledge and understanding of:  
- the multidisciplinary team and who should be part of it, may include for example occupational therapist, social worker, falls prevention service, psycho geriatrician or geriatrician  
- benefits of forward planning to avoid crisis, e.g. accommodation and health needs  
- the process and implications of |
<table>
<thead>
<tr>
<th>Pathway Area/Statement</th>
<th>Tier 1: Foundation/Awareness</th>
<th>Tier 2: Intermediate/Practitioner</th>
<th>Tier 3: Advanced/Specialist</th>
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<tbody>
<tr>
<td><strong>Ability to:</strong></td>
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<tr>
<td>• maintain an active current care plan, with regular reviews.</td>
<td>advanced care planning</td>
<td>how to enable/empower people to have difficult conversations.</td>
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<tr>
<td><strong>Ability to:</strong></td>
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<tr>
<td>• plan treatment with the individual concerned and multidisciplinary team</td>
<td>plan treatment for palliative care/advanced care planning with individual concerned and multidisciplinary team</td>
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<tr>
<td>• take into account longer term housing options to reduce transitions, including assistive technology, aids &amp; adaptations</td>
<td>• forward plan to manage risk and avoid a future crisis</td>
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<tr>
<td>• utilise and take account of documents which express the character and requirements of the individual in the planning process.</td>
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</tbody>
</table>

National Occupational Standards (NOS)  
Tier 1, 2 and 3: [SCDHSC0025](#)  
Tier 2 and Tier 3: [CHS45](#) [CHS41](#) [CHS44](#)
Enabling Wellbeing, Care, Choices and Preferences

Everyone who helps me knows who else can help too
I have the support and information I need to help me manage my well-being and make decisions early on about my life and the quality of the end of my life

When I cannot make a decision for myself everyone knows what I would like to happen
<table>
<thead>
<tr>
<th>Pathway Area/Statement</th>
<th>Tier 1: Awareness/Foundation</th>
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<tbody>
<tr>
<td>Enabling Wellbeing, Care, Choices and Preferences</td>
<td>Dementia awareness raising in terms of knowledge skills attitudes for all those working in health and care</td>
<td>Knowledge skills and attitudes for roles that have regular contact with people living with dementia</td>
<td>Enhancing knowledge, skills &amp; attitudes for key staff (experts) working with people living with dementia designed to support them to play leadership roles</td>
</tr>
</tbody>
</table>
| Promoting understanding about Dementia and effective communication about health needs | Knowledge and understanding of:  
- how to communicate effectively particularly where individuals have difficulty understanding or processing information  
- beliefs and fears about dementia found in society e.g. social death when diagnosed, fears attached to diagnosis, fear of living in care  
- how initiatives such as ‘dementia friends’ can help to break down barriers that prevent people with communication and/or cognition difficulties from living a fuller life. | Ability to:  
- raise awareness, challenge stigma and provide education  
- deliver dementia awareness sessions to staff, including care homes  
- educate and deliver training to | Ability to:  
- inform and lead on the development and review of dementia specific policy and strategy  
- lead dementia specific developments which actively promote understanding about |
| Promoting understanding about Dementia and effective communication about health needs | Knowledge and understanding of:  
- representations of dementia in the media, and publicity given to initiatives about dementia  
- public health education, for example, how to raise awareness of dementia, how to live well with dementia, early symptoms of | | |
### Enabling Wellbeing, Care, Choices and Preferences

<table>
<thead>
<tr>
<th>Pathway Area/Statement</th>
<th>Tier 1: Awareness/Foundation</th>
<th>Tier 2: Intermediate/Practitioner</th>
<th>Tier 3: Advanced/Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>dementia</td>
<td>documents which capture values, beliefs and wishes of the individual and can be used to inform care planning e.g. About Me</td>
<td>carers and staff to promote understanding of dementia, and the strategies that can be used to manage communication and behaviours as a result of dementia in an individual</td>
<td>dementia and enable positive culture change</td>
</tr>
<tr>
<td></td>
<td>benefits of timely diagnosis, and how this will enable planning to take place at an early stage, so support mechanisms can be put in place.</td>
<td>carry out public health/preventative work and well-being promotion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>resources available to services which will improve their knowledge about dementia and their methods of treating/caring for those with dementia.</td>
<td>be able to use experts by experience, ambassadors, DVDs, apps, written information and posters</td>
<td></td>
</tr>
<tr>
<td>Ability to:</td>
<td>raise awareness with others, promote understanding and challenge stigma related to dementia in the local community.</td>
<td>produce information packs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>carry out public health/preventative work and well-being promotion</td>
<td>work with voluntary sector/self-led groups to increase understanding of dementia and support self-help initiatives.</td>
<td></td>
</tr>
</tbody>
</table>

### National Occupational Standards

<table>
<thead>
<tr>
<th>Tier 1, 2 and 3:</th>
<th>HT2 MH90.2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 2 and Tier 3:</td>
<td>PE2 PHP13 PE6 PE7</td>
</tr>
<tr>
<td>Tier 3:</td>
<td>GEN117</td>
</tr>
</tbody>
</table>

### Signposting/Supporting Access to Support Services (Verbal, non-verbal and Written Information)

<table>
<thead>
<tr>
<th>Knowledge and understanding of:</th>
<th>Knowlegde and understanding of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>where to go, who to ask</td>
<td>how information should be best presented, and in what format.</td>
</tr>
<tr>
<td>the Support Services available to the individual.</td>
<td>Ability to:</td>
</tr>
</tbody>
</table>
## Enabling Wellbeing, Care, Choices and Preferences

<table>
<thead>
<tr>
<th>Pathway Area/Statement</th>
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<th>Tier 3: Advanced/Specialist</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>• signpost people with dementia to other specialist services</td>
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<td></td>
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<td>• inform others of services available</td>
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<td>• give information that is timely, accessible and individualised, appropriate, and check understanding</td>
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<td></td>
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<td>• give consistent advice to enable access to safe coordinated care.</td>
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</table>

### National Occupational Standards

Tier 2 and Tier 3: [CHS174](#) [CHS177](#) [SCDHSC0419](#) [SCDHSC0026](#) [CHS124](#) [GEN79](#)

### Signposting/supporting access to advocacy services

<table>
<thead>
<tr>
<th>Knowledge and understanding of:</th>
<th>Ability to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• the role of the advocate</td>
<td>• Explain the role of the advocate to a person with dementia</td>
</tr>
<tr>
<td>• how to signpost to local advocacy services</td>
<td>• sign post to local advocacy services</td>
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</table>

<table>
<thead>
<tr>
<th>Knowledge and understanding of:</th>
<th>Ability to:</th>
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<tbody>
<tr>
<td>• the reasons for an independent advocate</td>
<td>• recognise and support access to advocacy services.</td>
</tr>
<tr>
<td>• how to involve an independent advocate</td>
<td>Ability to understand the limits of one’s own advocacy skills and role</td>
</tr>
<tr>
<td>• local advocacy services and how to access them</td>
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<thead>
<tr>
<th>Pathway Area/Statement</th>
<th>Tier 1: Awareness/Foundation</th>
<th>Tier 2: Intermediate/Practitioner</th>
<th>Tier 3: Advanced/Specialist</th>
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</thead>
</table>
| National Occupational Standards (NOS) | Tier 1,2 and 3: SCDHSC0026 Tier 2 and 3: SCDHSC0367 | Knowledge and understanding of:  
- documents that record personal information about and history of a person e.g. All About Me  
- provision of services for individuals who lack capacity  
- How environmental improvements to services enhance access and delivery of services e.g. pictorial signage, quiet waiting rooms. | Knowledge and understanding of:  
- Specialist skills and treatments relevant to people with dementia.  
**Ability to:**  
- Identify, signpost/navigate to services that are able to support those living locally with dementia  
- develop and maintain a digital directory of services this should be regional specific and up to date  
- help to develop access points for services that enable ease of use, particularly for those with dementia.  
**Ability to:**  
- inform commissioning to support those with dementia to access those services. |
<p>| Signposting/Supporting Access to mainstream health services including Hearing and Sight checks, dentistry |  |  |  |
| National Occupational Standards (NOS) | Tier 2 and 3: CHS174 CHS177 SCDHSC0419 SCDHSC0026 GEN79 SCDIPC407 CHS124 Tier 3: SCDIPC407 CHS124 |  |  |</p>
<table>
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</table>
| **Promoting Healthy Lifestyle Choices and wellbeing** | Knowledge and understanding of:  
- how health and wellbeing may be improved  
- the benefits of a healthy diet/ exercise, dancing, theatre, shopping, other hobbies and interests  
- the physical limitations of dementia.  
**Ability to:**  
- communicate in a way that is succinct and clear. | Ability to:  
- identify opportunities for health promotion in all settings.  
- plan care that considers the individual  
- plan care that promotes a healthy lifestyle |  |
| **National Occupational Standards (NOS)** | Tier 1, 2 & 3: **HT2**  
Tier 2 & 3: **GEN119 CHS44** |  |  |
| **Supporting Choices and Self-determination including:**  
- advance statements  
- advance decisions to refuse treatment  
- Lasting Power of Attorney  
- Preferred Priorities of Care | Knowledge and understanding of:  
- initiatives such as 'dementia friends' and "dementia champions" and how they can help with advice.  
**Ability to:**  
- communicate and understand where communication is difficult, for instance using nonverbal signals. | Knowledge and understanding of:  
- how appropriate housing, occupational therapy intervention, including making a safe environment and using assistive technology, can help support choices  
- the voluntary services that can provide help and advice, signposting and facilitating contact  
- the power of attorney role and process |  |
## Enabling Wellbeing, Care, Choices and Preferences

<table>
<thead>
<tr>
<th>Pathway Area/Statement</th>
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<td>Ability to:</td>
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<td>• support choices made by</td>
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<td>individuals</td>
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<td>• discuss care pathway</td>
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<td>options, for example</td>
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<td>moving to a supported</td>
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<td>situation while able to</td>
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<td>establish new routines</td>
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<td>• facilitate decision</td>
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<td>making that will</td>
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<td>affect the later stages</td>
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<td>of care and how it is</td>
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<td>• be able to access</td>
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<td>specialist knowledge</td>
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<td>/resources e.g.</td>
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<td>Alzheimer’s Society</td>
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<td>• Inform on power of</td>
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<td></td>
<td>attorney.</td>
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<tr>
<td>National Occupational</td>
<td>Tier 2 and 3: GEN109</td>
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<tr>
<td>Standards (NOS)</td>
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</tbody>
</table>
Therapeutic care

The people who help me know what to do to help me when I feel ill or struggle with things. Identifying and managing my needs does not feel overwhelming and when there is complexity I need to feel confident that there is support. I need to feel confident that there is support to manage my needs & hear my concerns. I am in control of all the care I receive especially at the end of my life and I am confident my end of life wishes will be respected. I will die free from fear and pain.
<table>
<thead>
<tr>
<th>Pathway Area/Statement</th>
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<td><strong>Therapeutic care</strong></td>
<td>Dementia awareness raising in terms of knowledge skills attitudes for all those working in health and care</td>
<td>Knowledge skills and attitudes for roles that have regular contact with people living with dementia</td>
<td>Enhancing knowledge, skills &amp; attitudes for key staff (experts) working with people living with dementia designed to support them to play leadership roles</td>
</tr>
</tbody>
</table>
| **Physical Healthcare**| Knowledge and understanding of:  
  - how behaviours unusual for the person, maybe as a result of dementia  
  - how to make people feel safe and secure in an environment;  
  - the importance and significance of essential care to maintain fluid intake and nutrition to avoid harm e.g. falls, infections, continence management and skin care to avoid tissue damage  
  - the importance and significance of exercise to sustain fitness, balance and mobility | Knowledge and understanding of:  
  - how skills to help an individual with dementia are required and applied in care settings  
  **Ability to:**  
  - assess specific healthcare risk of people with dementia including sensory needs  
  - plan to meet identified needs in an appropriate way  
  - recognizing symptoms of ill health e.g. pain that may be expressed differently by people with dementia | Ability to:  
  - provide specialist supervision and consultation to individuals and teams on how best to support and manage someone with complex health needs  
  - keep own practice up to date  
  - ensure that new research, policy and practice is disseminated across teams and support offered to enable required changes to practice |
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<tr>
<td><strong>National Occupational Standards (NOS)</strong></td>
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<td>Tier 1,2 and 3:</td>
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<td>Tier 2 and 3:</td>
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<td>Tier 3:</td>
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<tr>
<td><strong>Palliative/End of Life care</strong></td>
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<td><strong>Ability to:</strong></td>
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## Therapeutic care

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<tbody>
<tr>
<td><strong>Ability to:</strong></td>
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<tr>
<td>• adapt and change the pathway and services to meet the changing needs of the individual</td>
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<tr>
<td>• use appropriate care pathway guidance</td>
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<tr>
<td>• use information recorded early in the pathway to ensure that nothing is missed</td>
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</table>

**National Occupational Standards (NOS)**

Tier 1 and 2, and 3: [SCDHSC0385](#)  
Tier 2 and Tier 3: [CHS164](#)

**Cognitive stimulation, Evidence-based Talking Therapies**

**Knowledge and understanding of:**
- mild cognitive impairment  
- the behavioural and psychological symptoms of dementia  
- how having consistent staff is ideal for building relationships  
- the benefits of cognitive stimulation and meaningful activity  
- the range of meaningful and purposeful activities available to meet the spectrum and level of need, memory games and group activities, reminiscence on iPods/MP3 players, magic touch

**Knowledge and understanding of:**
- plan & provide meaningful cognitive stimulation appropriate to the person with dementia

**Ability to:**
- work with individuals in groups or on a one to one basis.  
- plan and provide meaningful activity and cognitive stimulation

**Knowledge and understanding of:**
- the role of a counselor and the skills required

**Ability to:**
- undertake cognitive behavioural therapy in the home setting, discussing coping strategies  
- provide counseling  
- design specific individual psychological interventions
<table>
<thead>
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<tbody>
<tr>
<td></td>
<td>screen, I Pad/tablets, painting, string, texture, music, dementia cafes, peer facilitators/leaders • the value of peer support e.g. dementia cafe <strong>Ability to:</strong> • build rapport and trust • use a range of communication tools to maintain language skills • work with individuals in groups or an a one to one basis. • provide planned meaningful activity and cognitive stimulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Occupational Standards (NOS)</td>
<td>Tier 1, 2 and 3: SCDHSC0025 Tier 2 and 3: PT06 PT01 PT07 PT11 CHS47 CHS225 LSILADD01 LSILADD04 CHS70</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developing coping mechanisms/resilience</td>
<td><strong>Knowledge and understanding of:</strong> • how to focus on what people's abilities are and enabling individuals to continue favourite activities • understand ways of working that reduce distress and agitation in the individual. <strong>Ability to:</strong> • respect and maintain the dignity of</td>
<td><strong>Ability to:</strong> • explore with the individual: their current understanding of their condition, and their priorities • signpost/navigate and facilitate informal care e.g. community support and peer support. • devise and implement strategies of working that reduce distress and agitation in individuals</td>
<td><strong>Knowledge and understanding of:</strong> • whole organisation/integrated approaches that may be used for the promotion of person-centred care to reduce distress. <strong>Ability to:</strong> • lead and advise on the prevention and management of distressed behaviours by the</td>
</tr>
</tbody>
</table>
## Therapeutic care

<table>
<thead>
<tr>
<th>Pathway Area/Statement</th>
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<th>Tier 2: Intermediate/Practitioner</th>
<th>Tier 3: Advanced/Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>the individual at all times</td>
<td>use life story information to inform the approach.</td>
<td>use of the biopsychosocial model</td>
<td>support and facilitate whole organisation, integrated approaches for the promotion of biopsychosocial approaches to reduce distress.</td>
</tr>
</tbody>
</table>

### National Occupational Standards

| Tier 2 and 3: GEN134 SCDHSC0382 |

### Medications Optimisation including Dementia Friendly Prescribing

<table>
<thead>
<tr>
<th>Ability to:</th>
<th>Knowledge and understanding of:</th>
<th>Ability to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>administer medication to ensure symptom control.</td>
<td>medicines concordance</td>
<td>manage medication for the condition alongside medication for other conditions</td>
</tr>
<tr>
<td>the risks and side effects of medication and possible impact on lifestyle and physical health including risks of anti-psychotics</td>
<td>the impact of depression</td>
<td>carry out a poly-pharmacy assessment, identifying physical health care issues, e.g. dental problems as a result of some medications</td>
</tr>
<tr>
<td>pain management and assessment to ensure level of medication is appropriate</td>
<td>how pharmacists can review medication in care homes</td>
<td>medications optimisation, arrange/carry out regular medication reviews and interaction, this may involve pharmacists, GPs, registrars, nurse matrons, continence teams, advocacy service,</td>
</tr>
<tr>
<td>how equipment can be used to assist with administration, e.g. provision of</td>
<td>the contribution of non-medical prescribers, e.g. podiatry</td>
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</table>
|                         |                             | dispensers, electronic reminders to take drugs  
|                         |                             | • how anticipatory medication can be made available to control symptoms, particularly at end of life. | district nurses, other prescribers  
|                         |                             |                                                                 | • review previous medication when prescribing new medications  
|                         |                             |                                                                 | • recognise depression  
|                         |                             |                                                                 | • particularly at end of life, arrange medication to ensure symptom control |
| National Occupational Standards (NOS) | Tier 1 and 2, and 3: CHS2 CHS3 GEN135 | Tier 3: PHARM04 CHS237 CHS74 PHARM29 PHARM30 |
Everyone who supports me knows what I like and there is help so that I can do the things I want to do. I get support in the same way as everyone else (even when things need to change to make this happen). When there is complexity, I need to feel confident that the support offered to me meets my needs as best as possible. I’m supported to enjoy life and don’t feel like a burden or discriminated against. I can be part of my community if I want to.
<table>
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<tr>
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| Supporting Person-Centred Activities and Functioning (including promoting independence [including personal budgets], communication, social, spiritual, sexual health and personal care also mitigate stigmatising factors) | Knowledge and understanding of:  
- social inclusion and isolation associated with people with dementia  
- appropriate responses to distressed behaviour  
- sexuality, sexual behaviours, loss of inhibitions and sexual health  
- where support groups are and how to signpost to them  
- the contribution that can be made by spiritual care/religious and cultural organisations  
- initiatives such as well-being apprenticeships, which can help to provide support to individuals. | Knowledge and understanding of:  
- personalised budgets, and how to help people to access them  
**Ability to:**  
- have conversations with people about what types of support are appropriate to their circumstances  
- promote and contribute to integrated care planning  
- advise on and help people to access personal budgets. | Knowledge and understanding of:  
- continuing health care funding  
**Ability to:**  
- commission services that focus on person-centred quality of care delivery  
- develop services that provide person-centred through workforce planning, right skills, values based recruitment, fostering values based cultures, bringing activities to people. |
## Person-centred Care

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- personalised budgets, and how to help people to access them. **Ability to:**  
- have conversations with people about what types of support are appropriate to their circumstances  
- promote and contribute to integrated care planning  
- advise on and help people to access personal budgets.  
- commission services that focus on person-centred quality of care delivery  
- develop services that provide person centered through workforce planning, right skills, values based recruitment, fostering values based cultures, bringing activities to people. | Knowledge and understanding of:  
- continuing health care funding. **Ability to:**  
- Develop organizational policy to enable timley and ease of access to person centered activity and personal budgets  
- Use an thorough understanding of people living with dementia and their carers to shape service provision  
- Evaluate the effect of service changes and transformation on the lives of people living with dementia. |

### National Occupational Standards (NOS)

- Tier 1, 2 and 3: SCDHSC0223 SCDHSC0218 GEN15 SCDHSC0343 SCDHSC0029 SCDHSC0350 GEN105 SCDHSC3103 SCDHSC0331
- Tier 2 and 3: SCDHSC0450 SCDHSC0345 SCDHSC0346 SCDHSC0369 SCDCP316 SCDCP315
- Tier 3: SCDHSC3162 SCDHSC3153

### Maintaining and Developing Community Links and Knowledge and understanding of:  
- the changes that can be made to the environment to make life

### Knowledge and understanding of:  
- groups and services who provide appropriate activities eg, museum’s

### Ability to:  
- provide support for employers to enable them to retain individuals in
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<td>Opportunities to engage in activities (including social care, education, employment, housing, transport and leisure)</td>
<td>easier for people with dementia</td>
<td>how some groups may find it harder to access support; for example those from BAME communities, people with LD and travelers etc…</td>
<td>employment</td>
</tr>
<tr>
<td>Ability to:</td>
<td>identify links, signpost/navigate to a transport service, community activities and social care</td>
<td>models of care and approaches that can be used to help maintain links with the community</td>
<td>advise on/make environments more suitable for people with dementia</td>
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<td>the importance of enabling individuals to remain in employment</td>
<td>help develop dementia friendly communities involving planners, signage on buildings, environmental adaptations.</td>
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<td>the importance of employer support to enable people to remain in employment</td>
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<td>the information that people providing a service such as transport might find helpful to improve the service they can provide to people with dementia.</td>
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<tr>
<td></td>
<td></td>
<td>community transport, and how this should be provided and used.</td>
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<td></td>
<td></td>
<td>support individuals to remain employed</td>
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National Occupational Standards (NOS)

Tier 1, 2&3: SCDHSC0025 SCDHSC0210 SCDHSC0349 SCDHSC0235 SCDHSC0028 SCDHSC0420 SCDHSC0211 SCDHSC0331 SCDHSC0394
Tier 3: GEN46 MH66.2013 MH74.2013 SCDHSC0347 GEN75
### Person-centred Care

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| Accessing Assistive Technology | Knowledge and understanding of:  
- how changing the environment and the use of assistive technology can help people to stay safe  
- the difficulties and limitations associated with the use of assistive technologies. | Knowledge and understanding of:  
- range, use and availability of equipment and assistive technology. **Ability to:**  
- consider use of assistive technology at all times, for example at assessment, in an acute setting, at discharge.  
- assess the requirement for assistive technology  
- prescribe equipment/assistive technology to meet the needs of the individual and carers  
- identify equipment required and arrange for its speedy provision, particularly at end of life  
- support the use of assistive technology/equipment. | **Ability to:**  
- Advise organisation on their strategy for assistive technology  
- identify areas for future development  
- contribute to new and innovate technology  
- plan implementations and strategies  
- design and deliver user experience evaluations |

| National Occupational Standards (NOS) | Tier 2 and 3: **SCDHSC0370**  
Tier 3: **CHS239 CHS222.2014** |  |  |
The people who help and support me all the time get looked after too.
The people who help and support me all the time understand how they can stay healthy.
The people who look after me all the time know what to do and where to access information as things change.
My family is helped and supported when they need it and get breaks when they need them.
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</table>
| Understanding what Dementia is - myth busting and accessing tailored information/learning about dementia and carer role | Knowledge and understanding of:  
  - where help may be found, what is available to help  
  - the importance of information for carers about what to expect  
  - how to best communicate with people with dementia, ways of managing life with dementia.  
  **Ability to:**  
  - reach out to and provide information for patients and carers  
  - provide information/resources in different formats, to enable people to know what is available | Knowledge and understanding of:  
  - equipment and resources such as apps- app that explains what dementia is, face time, Skype, text programmes, picture button telephones  
  **Ability to:**  
  - give information and education to family and carers about assistive technology | Knowledge and understanding of:  
  - how to provide coaching for staff for example via Skype links into care homes  
  - dementia, including: underlying causes, aetiologies, how it may be expressed, dementia conversion rate, the influence of drugs and drug monitoring  
  **Ability to:**  
  - use IT to provide education and training when required |
<p>| National Occupational Standards (NOS) | Tier 1, 2 &amp; 3: SCDHSC0026 PE6 CHS58 | Tier 2 &amp; 3: LSILADD04 | Tier 3: LSILADD04 |</p>
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</table>
| **Carers Assessments** | Knowledge and understanding of:  
  - how to communicate with people in difficult circumstances  
  - dementia, background and supporting information required for each person.  
  **Ability to:**  
  - communicate meaningfully with the family  
  - help meet family/carer needs when a patient is in a hospital or nursing home  
  - provide emotional support to carers and recognise family members’ feelings.  | Knowledge and understanding of:  
  - how to work with the multi-disciplinary team, for example, information sharing  
  - the particular requirements associated with young onset dementia  
  - specialist carers’ groups and the expert patient programme  
  - what integrated planning is and how to contribute to it.  
  **Ability to:**  
  - undertake a carers assessment  
  - undertake a carers health assessment  
  - provide relevant information to help with a carers assessment  
  - encourage and support the carer in their caring role, including planning respite care  
  - use the care plan to enable a link with specialist carers’ groups, and the expert patient programme. |  |
| **National Occupational Standards** | Tier 2 and 3: [SCDHSC0427 CHD HN3](#) |  |  |
## Family/Carer needs

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| Supporting Carers to undertake the caring role (including coping with change/resilience, managing own wellbeing) | Knowledge and understanding of:  
• safeguarding  
Ability to:  
• listen to carers  
• demonstrate compassion, ensure dignity and safeguarding requirements met  
• communicate with family/carers early in the pathway to encourage family/carers to help complete reference information about the person with dementia  
• use the person-centred integrated care plan to incorporate wellbeing for the carer and family. | Knowledge and understanding of:  
• local resources, carers support groups, carers support service/teams and advocacy services  
• where to find a directory of resources or a crisis card and how to access and provide flexible support and respite for people with dementia  
• the reasons for advocacy for carers  
• how to access & involve an advocate for carers  
• know how to use/access technology to support carers, Skype  
Ability to:  
• listen to carers, give non-judgemental support & recognise distress as people need to be able to acknowledge anger, rage, dislike  
• signpost/navigate to resource and crisis information  
• enable family/carers to meet their own healthcare needs:- appointments, also social needs (access to groups)  
• encourage and give permission to carers to step back/rest/recover  
• recognise and support access to an | Knowledge and understanding of:  
• family/carer related legislation  
• how to identify when counselling or therapy skills are required  
• how carers passport and mechanisms such as open visiting, involvement pre-operation, assistance with parking, reduce cost of meals can support carers  
• the information required to create and populate a directory of resources and crisis information  
• the education and information that will help the carer, for example, recognising signals, disease specific information, interpretation of visual signals, helping to manage for uncertainty, managing self, food, sleep, respite  
Ability to:  
• create a comprehensive directory of resources including what to do and who to contact in a crisis  
• provide education and training to those providing care for people with dementia |
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<td>advocate or mediator as required</td>
<td>support carers to maintain care and involvement when someone goes into hospital or care home</td>
</tr>
<tr>
<td>National Occupational Standards (NOS)</td>
<td>Tier 2 and 3: SCDHSC0387 SCDHSC0367 SCDHSC0366 SCDHSC0368 SCDHSC0410 SCDHSC0426 GEN111 MH11.2012 Tier 3: SCDHSC0331 SCDHSC0390 SCDHSC0331 GEN110</td>
<td>Knowledge and understanding of: • how befriending and neighbourhood schemes help to support carers. <strong>Ability to:</strong> • signpost people to befriending and neighbourhood schemes.</td>
<td>Knowledge and understanding of: • groups and services who provide appropriate to support carers in the community • the importance of enabling carers to remain in employment • the importance of employer support to enable carers to remain in employment • community transport, and how this can be accessed <strong>Ability to:</strong> • initiate and support befriending, neighbourhood and carers schemes.</td>
<td></td>
</tr>
<tr>
<td>Maintaining Relationships, family life and employment Maintaining and developing community links and opportunities to engage in activities including social care, education, employment, housing, transport and leisure</td>
<td>Tier 1, 2 and 3: SCDHSC0331</td>
<td>Knowledge and understanding of: • how peer support can help to support carers. <strong>Ability to:</strong> • initiate and support the ongoing development of peer support schemes</td>
<td>Knowledge and understanding of: • funding streams to establish peer support groups <strong>Ability to:</strong></td>
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### Family/Carer needs

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<td><strong>Ability to:</strong></td>
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<td>• signpost to peer support schemes</td>
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<td><strong>SCDHSC0026</strong></td>
<td><strong>PHP42 SCDHSC0331</strong></td>
<td><strong>PHS13 LSILADD07</strong></td>
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**Supporting Families including Genetic Counseling and Bereavement Support**

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<td>• the causes of dementia, inherited in certain conditions.</td>
<td>• how to offer and give support for families and friends once diagnosis is made.</td>
<td>• the role of dementia champions and bereavement services.</td>
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<td>• give advice on healthy life styles to reduce risk.</td>
<td>• support families, carers and the person with dementia with managing loss and grief.</td>
<td>• support families and carers where inherited conditions may be the cause of the dementia</td>
</tr>
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**Ability to:**

- support families and carers where inherited conditions may be the cause of the dementia
- support families using a range of initiatives: dementia surgeries, nurse specialist, Admiral nurses, help lines, crisis management and on line forum

**National Occupational Standards (NOS)**

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<tr>
<td><strong>SCDHSC0384 SCDHSC0226</strong></td>
<td><strong>SCDHSC0426 CHS48 GEN62 GTC8.2014</strong></td>
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Accommodation and Welfare Support

I choose where I want to live
I have access to and understand what support is available to help to pay for the things I need
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| Practical Housing Support | Knowledge and understanding of:  
  - the importance of good, safe, warm accommodation on an individual's health and wellbeing | Knowledge and understanding of:  
  - neighbourhood community officers and how they might help  
  - current legislation in relation to housing and housing support  
  - where accommodation can be found, and the types of accommodation and range of options available  
  - the eligibility criteria for accommodation  
  - how and where to access help to move house.  
  **Ability to:**  
  - Signpost/navigate to places where practical housing support is available.  
  - lead on/contribute to long term care planning, incorporating stepped, planned movement in housing provision | |
| National Occupational Standards (NOS) | Tier 2 and 3: SCDHSC0349  
Tier 3: SCDHSC0383 GEN104 SCDHSC0422 | | |
## Accommodation and Welfare Support

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| Accessing Benefits     | Knowledge and understanding of:  
  - the importance of sufficient income to meet personal needs and the impact on an individual's health and wellbeing | Knowledge and understanding of:  
  - welfare and accommodation related advice and information  
  - benefits and the benefits system  
  - who to contact to get help with problems with rent and benefits and other financial issues.  
  **Ability to:**  
  - provide advice and help as to how and when to claim benefits  
  - provide advice and help with management of benefits. | Knowledge and understanding of:  
  - the criteria to access continuing health care funding  
  **Ability to:**  
  - provide advice about the management of finances and debt management. |
| National Occupational Standards | Tier 2 and 3: [SCDHSC0345](https://example.com) [SCDHSC0346](https://example.com) [SCDHSC0330](https://example.com) | | |
I know that research is being undertaken to improve dementia care
## Improvements and Innovations

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| Audit, Clinical Trial and Research Skills | Knowledge and understanding of:  
- the importance of proper recording  
- the importance and use of audit.  
Ability to:  
- Undertake audit  
- Participate in research  
- record observations. | Knowledge and understanding of:  
- medically based research  
- the research process and ethics.  
- project management.  
Ability to:  
- Design & supervise audit and research projects  
- utilise research findings to inform practice/share good practice  
- design methods of acquiring feedback from patients, family and carers  
- adapt feedback methods e.g. questionnaires to meet people’s needs, may be pictorial  
- analyse trends. |

| National Occupational Standards | Tier 3: | PHS08 R&D1 R&D2 R&D5 PHS22 R&D15 |
Monitoring and Measurement

People who help me make sure that:
I know where to get help that is right for me
Help is there for me when I need it
I am safe but can make mistakes just like everyone else
I feel happy in my life
I feel in control of my own health and the end of my life

Julia
## Monitoring and Measurement

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| Physical Health Observations | Knowledge and understanding of:  
- how changes in function will affect daily living  
- how to approach and communicate with a person with dementia in order to undertake physical health observations. | Knowledge and understanding of:  
- how changes in function will affect daily living  
**Ability to:**  
- Select appropriate observations  
- undertake routine physical health checks.  
- Identify deteriorating wellbeing and  
- Understand when it is safe to intervene  
- Refer to the most appropriate agency | Ability to:  
- provide dementia specific guidance and consultation to individuals and teams where people need complex and non-routine care |

| National Occupational Standards | Tier 1, 2 and 3: CHS217 CHS131 CHS19.2012 SCDHSC0224 | Tier 3: GEN177 |

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| Mental Wellbeing State | Knowledge and understanding of:  
  • what constitutes mental well being  
  • factors associated with mental well being  
  • how physical health & social activity benefits mental well being  
  **Ability to:**  
  • recognise and identify changes in mental wellbeing. | **Ability to:**  
  • Identify factors that may improve wellbeing  
  • Promote lifestyle and behavioural changes that will improve wellbeing  
  • Provide a supportive motivational relationship to nurture wellbeing changes | **Ability to:**  
  • Contribute to dementia specific:  
    • Resources  
    • Supervision  
    • Service evaluation  
    • And transformation that promotes mental wellbeing for people living with dementia and staff |

**National Occupational Standards**  
Tier 1, 2 and 3: SCDHSC0224  
Tier 2 and 3: MH14.2013 CHS70  
Tier 3: GEN117

**Effectiveness of Enabling and Therapeutic Interventions**  
**Ability to:**  
• measure the impact of an intervention  
• review and learn as a result of monitoring and measurement  
• take action following feedback on all aspects of care & support  
• undertake a review of a care plan and planned interventions

**Knowledge and understanding of:**  
• review mechanisms and best practice studies  
• methods of learning from other services for example shadowing.
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<tbody>
<tr>
<td>National Occupational Standards</td>
<td>Tier 2 and 3: CHS89 HI7.2010</td>
<td>Knowledge and understanding of:</td>
<td>Knowledge and understanding of:</td>
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<tr>
<td></td>
<td>Tier 3: GEN117</td>
<td>• the aim of interventions.</td>
<td>• dementia care mapping</td>
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<td></td>
<td></td>
<td><strong>Ability to:</strong></td>
<td>observations, and other tools</td>
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<tr>
<td>Effectiveness of Family Carer Interventions</td>
<td></td>
<td>• monitor the progress of</td>
<td>designed to assess and/or</td>
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<td></td>
<td></td>
<td>interventions</td>
<td>monitor care</td>
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<td></td>
<td></td>
<td>• undertake a review of a carers</td>
<td><strong>Ability to:</strong></td>
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<td></td>
<td>support plan and planned</td>
<td>• design/administer/analyse/</td>
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<td>interventions</td>
<td>take action as a result of</td>
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<td><strong>Knowledge of:</strong></td>
<td>feedback from carers, friends</td>
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<td>• signs of abuse and how to act.</td>
<td>and family</td>
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<td><strong>Ability to:</strong></td>
<td><strong>Knowledge of:</strong></td>
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<td></td>
<td>• identify and act on signs of</td>
<td>• factors used in accommodation</td>
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<td>and welfare monitoring</td>
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<td></td>
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<td><strong>Ability to:</strong></td>
<td>• ensure the referral.</td>
</tr>
<tr>
<td>Effectiveness of Accommodation and Welfare Interventions</td>
<td>Knowledge of:</td>
<td><strong>Ability to:</strong></td>
<td><strong>Ability to:</strong></td>
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<tr>
<td></td>
<td>• signs of abuse and how to act.</td>
<td>• measure how well accommodation</td>
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<td></td>
<td><strong>Ability to:</strong></td>
<td>• ensure the referral.</td>
<td>fulfils requirements of the person</td>
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<td>• identify and act on signs of</td>
<td><strong>Knowledge of:</strong></td>
<td>• ensure the referral.</td>
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<td>and welfare monitoring</td>
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</table>
| Effectiveness of Role Support interventions | Ability to:  
- Undertake a review of all support interventions with all involved ensuring that all are able to contribute | Knowledge and understanding of:  
- what constitutes and how to undertake an independent, unbiased assessment of the effectiveness of interventions.  
**Ability to:**  
- undertake assessment of effectiveness of interventions using a range of methods |  |
| National Occupational Standards | Tier 3: [GEN117 SCDHSC0442](#) |  |  |
| Effectiveness of Care Programme Approach and Risk Management activity | Knowledge and understanding of:  
- Mental Capacity Act and Best Interests decisions. | Knowledge and understanding of:  
- how and why a positive risk assessment for people at risk of hospital admission should take place  
- how to minimise risk and take a least restrictive approach  
- how the care programme approach can be monitored. | Ability to:  
- use indicators such as:  
  - an independent consultation with the person with dementia the rates of use of antipsychotics and anti-depressive medicines  
  - death rate in comparison to death rate of those without dementia  
  - performance monitoring tools to monitor the care programme approach. |
| National Occupational Standards | Tier 1, 2 & 3: [CHS233](#)  
Tier 3: [CHS85 CHS89 GEN117](#) |  |  |
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| Service-User satisfaction | Knowledge and understanding of:  
- measurements and observations that  
  - indicate service user satisfaction  
  - methods of capturing feedback, e.g.  
  - comment cards for patient on discharge,  
  - consultations and service user forums  
- Ability to:  
  - monitor and measure the effectiveness of service user satisfaction using a range of methods. | Knowledge and understanding of:  
- metrics that relate to service user satisfaction  
- how social investment return enhances service user involvement in service design,  
- how measures of service user satisfaction might impact on commissioning.  
- measures of quality of life |  |
| National Occupational Standards | Tier 2: CHS89  
Tier 3: GEN117 SCDHSC0442 |  |  |
Factors to consider when specifying education and training

There are a number of factors to be considered when specifying the education and training required in order for a person to carry out a job confidently and competently. A job may be described as consisting of four elements, as illustrated, Career Framework level, National Occupational Standards (NOS), Employability Skills, and factors specific to the job, such as context, location, hours of work.

For any further information please email: dementia-innovation@northstaffs.nhs.uk
### Access to safe coordinated care
- Promoting appropriate access to services (including memory assessment services, dementia liaison, respite and primary care palliative services)
- Maximise effective deployment of the multi-disciplinary team approach
- Managing referrals, transfers/discharges and transitions
- Managing care programme approach including integrated care planning (health and social care)
- Positive risk management (including Risk to self and others, safeguarding and personal safety)
- Crisis/emergency planning, planning for the future

### Family/Carers needs
- Understanding what dementia is – Myth busting & accessing tailored information/learning about dementia and carer role
- Carers Assessments – emotional, psychological & social needs leading to integrated care planning (including respite)
- Supporting carers to undertake the caring role (including coping with change/resilience, managing own wellbeing)
- Maintaining relationships – Family life and employment
- Maintaining and developing community links and opportunities to engage in activities (social care, education, employment, housing transport and leisure)
- Peer support
- Support to families ie genetic counselling, bereavement
- Advocacy for carers

### Timely accurate diagnosis & treatment planning
- Recognise early signs of Dementia - selecting the most sensitive tools in order to detect functional cognition changes at an early stage
- Understand support/treatment available
- Appropriate investigations undertaken by suitably qualified and skilled staff; ruling out reversible causes of memory loss and mild cognitive impairment
- Sensitive communicate diagnosis
- Mental capacity assessment
- Assessment processes including non-cognitive symptoms/behaviour perceived as challenging
- Processing information and formulation

### Person Centred care
- Supporting person centered activities and functioning (including promoting independence (including personal budgets), communication, social, spiritual, sexual health and personal care also mitigate stigmatizing factors
- Maintaining and developing links and opportunities to engage in activities (including social care, education, employment, housing, transport and leisure)
- Accessing assistive technology

### Enabling wellbeing, care, choices & preferences
- Promoting understanding about dementia and effective communication about health needs
- Signposting and supporting access to support services (verbal, non-verbal and written)
- Signposting/supporting access to advocacy services
- Signposting/supporting access to mainstream health services including hearing, sight checks and dentistry
- Promoting healthy lifestyle choices and wellbeing
- Supporting choices and self-determination including:
  - Advance statements
  - Advance decisions to refuse treatment
  - Lasting power of attorney

### Therapeutic Care
- Physical healthcare
- Palliative/End of Life care
- Cognitive stimulation and evidence based talking therapies
- Developing coping mechanisms/resilience
- Medications optimisation including dementia friendly prescribing

### Accommodation and Welfare Support
- Practical housing support
- Accessing benefits

### Monitoring and Measurements
- Physical health observations
- Mental health wellbeing state
- Effectiveness of enabling and therapeutic intervention
- Effectiveness and enabling family and carer intervention
- Service user satisfaction

### Improvements and Innovation
- Audit, clinical trial and research skills