



Health Education England



Dementia Core Skills & Knowledge Framework

DRAFT FOR CONSULTATION

February 2015

Acknowledgements

To be completed...

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Introduction

Background

The Dementia Core Skills & Knowledge Framework was commissioned by the Department of Health and developed in collaboration by Skills for Health and Health Education England (HEE). The Framework supports workforce development, specific to implementation of the National Dementia Strategy, the Prime Ministerial Challenge and HEE Mandate.

The National Dementia Strategy highlights three key areas of focus, namely improved awareness, earlier diagnosis and intervention and a higher quality of care for people living with dementia. The Core Skills & Knowledge Framework helps to achieve these aims by supporting the development and delivery of appropriate and consistent dementia training for the healthcare workforce.

Scope of the Framework

The healthcare workforce is one of the largest in the country with many staff closely engaged in providing clinical care and support for people living with dementia, as well as offering information, support and assistance to their carers. As well as the provision of direct clinical care, a large proportion of the healthcare workforce come into contact with people living with dementia in both primary and secondary care settings. Included among these are many support staff who provide both clinical and non-clinical support services and need to have an awareness and understanding of the specific needs of people living with dementia and those of their carers.

The Core Skills & Knowledge Framework is therefore structured in three tiers, reflecting the scope of the HEE principal Mandate requirements:

Tier 1 – dementia awareness raising, in terms of knowledge, skills and attitudes for all those working in healthcare

Tier 2 – knowledge, skills and attitudes for roles that have regular contact with people living with dementia

Tier 3 – enhancing the knowledge, skills and attitudes for key staff (experts) working with people living with dementia designed to support them to play leadership roles

NB. The Framework aims to describe the **core** skills and knowledge i.e. that which would be transferable and applicable across different types of service provision. Additional learning outcomes may be locally determined to meet training needs in specific settings e.g. according to local context, risk assessment or policy.

Development of the Framework

Development of the Framework was guided by an Expert Group comprising representatives of key stakeholders, including relevant Royal Colleges, health, social care and education sector organisations. Membership of the Expert Group is presented in Appendix 7.

A Reference Group was also established to include a wider range of organisations and individuals (including service users and carers) that wished to be kept up-dated on development of the Framework and to provide comments or feedback as part of the consultation process.

The first phase of the project focussed on desk research to identify and review existing resources, leading to production of a report at the end of September 2014. The report:

- Identified and reviewed existing resources from the UK including relevant guidelines, training resources, qualifications, frameworks and curricula.
- Reviewed the current position regarding relevant nationally available e-learning provision.
- Reviewed the literature to consider any significant developments in other countries of Europe and globally that could inform development of the Framework
- Provided analysis of the key themes regarding core competencies for dementia education and training across the health and social care workforce.

The report on the desk-based research, including the full reference list and bibliography are available as a separate document [here \[hyperlink to be added\]](#)

The development of the Framework was based on the findings of the desk research, consultation with the Expert Group, reference to related initiatives such as the piloting of the Care Certificate and the findings of an on line consultation completed in February 2015.

Structure of the Framework

The Framework is presented in 14 Subjects - each subject comprises:

- a context statement
- suggested target audience
- key learning outcomes
- links to relevant guidance and/or legislation
- links to relevant national occupational standards and/or skills frameworks.

Appendices include:

- sources of further guidance
- user guide
- suggested standards for training delivery
- guidance on frequency of refresher training or assessment

Relevant subjects can be selected from the Framework according to the role of individuals. Within each subject, the learning outcomes are presented for relevant Tiers.

The learning outcomes are intended to provide a clear focus on what, a learner should know, understand or be able to do following completion of any learning activity (further explanation of the learning outcomes is provided in Appendix 2).

The Framework is incremental i.e. Tiers 2 and 3 assume that learners possess the skills and knowledge at preceding levels (to minimise unnecessary repetition).

Benefits of the Framework

The Framework is applicable to healthcare employers and also to educational organisations which train students who will subsequently be employed in the healthcare sector. Use of the Framework will support these organisations to:

- Standardise the interpretation of dementia training
- Guide the focus and aims of dementia training delivery
- Ensure the educational relevance of the training
- Improve the quality and consistency of training provision.

The Framework also supports the assessment of competence, training needs analysis and provision of minimum standards of performance within performance management systems (e.g. as part of supervision or appraisal). Further guidance on using the Framework is available in Appendix 2.

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Summary of Framework subjects and the relevant target audience

Subject	Target Audience		
	Tier 1	Tier 2	Tier 3
Dementia awareness	•	•	•
Dementia identification, assessment and diagnosis		•	•
Dementia risk reduction and prevention		•	•
Person-centred dementia care		•	•
Communication, interaction and behaviour in dementia care		•	•
Holistic health in dementia care		•	•
Pharmacological interventions in dementia care		•	•
Living well with dementia and promoting independence		•	•
Families and carers as partners in dementia care		•	•
Equality diversity and inclusion in dementia care		•	•
Law, ethics and safeguarding in dementia care		•	•
End of life dementia care		•	•
Research in dementia care			•
Leadership in transforming dementia care			•

About the three tiers

- Tier 1** – dementia awareness raising, in terms of knowledge, skills and attitudes for all those working in healthcare
Relevant to the entire healthcare workforce including ancillary staff. This could form part of induction training and also provide a foundation for more advanced practice.
- Tier 2** – knowledge, skills and attitudes for roles that have regular contact with people living with dementia
Relevant to all healthcare staff in settings where they are likely to have regular contact with people affected by dementia. This also underpins the more specialist skills and knowledge required at tier 3.
- Tier 3** – enhancing the knowledge, skills and attitudes for key staff (experts) working with people living with dementia designed to support them to play leadership roles
Relevant to staff working intensively with people affected by dementia including those who take a lead in decision making and developing or disseminating good practice.

Dementia awareness

Context Statement

With an aging population, the number of people in the UK living with, or at risk of dementia is continuing to rise. In 2009, the government responded with a National Dementia Strategy which includes the priority to improve dementia awareness.

Dementia awareness is particularly important for those working in healthcare. In addition to those providing clinical care or support for people living with dementia, a large proportion of the healthcare workforce, including support staff, come into contact with people living with dementia and need to have an awareness of the specific needs of people living with dementia and those of their carers.

Target Audience

Tier 1: All the healthcare workforce

Tier 2: Staff who regularly work with people living with dementia

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care

Key Learning Outcomes

The learner will:

- a) know what is meant by the term 'dementia'
- b) be aware of the prevalence of dementia in UK society
- c) be aware of the impact of dementia on individuals, families and society
- d) know the potential for dementia risk reduction based on a healthy lifestyle
- e) be able to recognise the early signs of dementia and also be aware that these signs may be associated with other conditions or circumstances
- f) understand reasons why a person with dementia may exhibit signs of distress or challenging behaviour
- g) be able to interact effectively and compassionately with individuals who have dementia
- h) know why early diagnosis of dementia is important
- i) be able to signpost individuals, families and carers to dementia advice, support and information

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to Dementia Awareness are shown below:

Guidance

- [Department of Health \(2009\), Living Well with Dementia: A National Dementia Strategy, Chapter 3: Raising awareness and understanding](#)
- [Skills for Care & Skills for Health \(2011\), Common Core Principles for Supporting People with Dementia, Principle 1: Know the early signs of dementia](#)

Legislation

- [Mental Capacity Act 2005](#)

Relevant national occupational standards and/or national skills frameworks

National Occupational Standards

- [SCDHSC0419 Provide advice and information to those who enquire about health and social care services](#)
- [SCDHSC0026 Support individuals to access information on services and facilities](#)
- [SFHCHS177 Advise on access to and use of services](#)

UK Core Skills Training Framework

- Dementia awareness (draft 2014)

Care Certificate Standards

- Standard 9: Dementia and cognitive issues (draft 2014)

Dementia Education Principles and Standards

- Principle 3. Collaboration Level 1
- Principle 5. Recognition Level 1

Dementia identification, assessment and diagnosis

Context Statement

Good quality early diagnosis and intervention is one of the objectives identified in the National Dementia Strategy. Early diagnosis is important as it helps people receive information, support and treatment at the earliest possible stage.

The diagnosis of dementia and in particular mild dementia where the diagnosis is more complex should be carried out by a clinician with specialist skills¹. However, non-specialists also have an important role in being able to recognise possible symptoms of dementia, refer to specialist services and provide sympathetic and non-stigmatising support.

Target Audience

Tier 2: Staff who regularly work with people living with dementia

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care

Key Learning Outcomes

Tier 2

The learner will:

- a) know the most common sub-types of dementia and their underlying causes
- b) understand the signs and symptoms of dementia that would indicate the need for further assessment
- c) know why early diagnosis of dementia is important and the likely outcomes if assessment and treatment is delayed
- d) know the progressive nature of dementia and the key stages of the 'dementia journey'
- e) understand the criteria and the process to be used to gain a diagnosis
- f) be able to explain the need for an investigation of early signs of dementia with kindness, sensitivity and in a way that is appropriate to the person
- g) be able to appropriately refer patients to access specialist services and support them through the process

¹ [Department of Health \(2009\), Living Well with Dementia: A National Dementia Strategy](#)

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) understand the different types of dementia, the stages or variants of the disease and the primary symptoms
- b) understand the relationships between dementia, other pathologies and differential diagnoses
- c) be able to undertake a comprehensive assessment for dementia utilising appropriate investigations and tools
- d) be able to establish a diagnosis of dementia and the underlying disease process
- e) be aware of the potential impact of diagnostic errors
- f) be able to act on the findings in partnership with the person with dementia and the multi-professional team
- g) be aware of the experience of a person with dementia and their family and carers and be able to communicate with kindness and sensitivity about the diagnosis of dementia and related implications
- h) know how to enrol the person with dementia in post-diagnosis support services and advanced care planning
- i) understand the particular impact of a diagnosis for younger people with dementia and their families
- j) understand the needs of people with learning disabilities and dementia
- k) be able to document assessment and diagnosis decisions

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to dementia identification, assessment and diagnosis are shown below:

Guidance

- [Department of Health \(2009\), Living Well with Dementia: A National Dementia Strategy, Chapter 4: Early diagnosis and support](#)
- [NICE quality standard \[QS1\] \(2010\), Dementia quality standard](#)
- [Skills for Care & Skills for Health \(2011\), Common Core Principles for Supporting People with Dementia, Principle 2: Early diagnosis of dementia helps people receive information, support and treatment at the earliest possible stage.](#)

Legislation

- [Mental Capacity Act 2005](#)

Relevant national occupational standards and national skills frameworks

National Occupational Standards

- [SFHCHS38 Plan assessment of an individual's health status](#)
- [SFHCHS168 Obtain a patient/client history](#)
- [SFHCHS39 Assess an individual's health status](#)
- [SFHCHS40 Establish a diagnosis of an individual's health condition](#)
- [SFHCHS41 Determine a treatment plan for an individual](#)
- [SFHCHS45 Agree courses of action following assessment to address health and wellbeing needs of individuals](#)
- [SFHCHS48 Communicate significant news to individuals](#)
- [SFHCHS84 Develop and agree care management plans with individuals diagnosed with long term conditions](#)

Dementia Education Principles and Standards

- Principle 5. Recognition Levels 2 and 3

Dementia risk reduction and prevention

Context Statement

Evidence suggests that some types of dementia are related to modifiable lifestyle factors. In particular, interventions to address vascular risk factors (e.g. smoking, poor diet, physical inactivity and alcohol) should also help to reduce the risk, progression and severity of dementia. This suggests that primary prevention has a role in dementia risk reduction similar to that for other non-communicable diseases such as heart disease and stroke².

Target Audience

Tier 2: Staff who regularly work with people living with dementia

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care

Key Learning Outcomes

Tier 2

The learner will:

- a) know the lifestyle factors that may increase the risk of developing certain types of dementia and behaviour changes that may delay the onset and severity of certain types of dementia
- b) understand motivational factors that may impact on the ability to make changes
- c) be aware of the challenges to healthy living that may be experienced by different socio-economic and/or ethnic groups
- d) be able to signpost sources of health promotion information and support
- e) know how to effectively communicate messages about healthy living according to the abilities and needs of individuals

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) be aware of dementia risk reduction evidence-based research and national health promotion strategies
- b) be able to develop and disseminate health promotion information and advice
- c) be able to encourage behavioural change in individuals and organisations to promote health and well-being, reduce risk and potentially delay the onset and severity of certain types of dementia
- d) be able to monitor, evaluate and improve the effectiveness of health promotion activities

² [Public Health England and UK Health Forum \(2014\), Blackfriars Consensus on promoting brain health.](#)

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to dementia risk reduction and prevention are shown below:

Guidance

- [Department of Health \(2009\), Living Well with Dementia: A National Dementia Strategy, Chapter 3: Raising awareness and understanding](#)
- [Public Health England and UK Health Forum \(2014\), Blackfriars Consensus on promoting brain health](#)

Relevant national occupational standards and/or national skills frameworks

National Occupational Standards

- [SFHHT2 Communicate with individuals about promoting their health and wellbeing](#)
- [SFHHT3 Enable individuals to change their behaviour to improve their own health and wellbeing](#)
- [SFHPHP13 Provide information to individuals, groups and communities about promoting health and wellbeing](#)
- [SFHPHP15 Encourage behavioural change in people and agencies to promote health and wellbeing](#)
- [SFHPHP41 Enable people to address issues related to health and wellbeing](#)
- [SFHGEN127 Assess the need for, and plan awareness raising of health and wellbeing issues](#)
- [SFHGEN128 Support the implementation, monitoring, evaluation and improvement of awareness raising around health and wellbeing issues](#)
- [SCDHSC0438 Develop and disseminate information and advice about health and social well-being](#)

Person-centred dementia care

Context Statement

Person-centred dementia care³ is about understanding and responding to the person with dementia as an individual. It involves considering the whole person, taking into account not just their health condition, but also each individual's unique abilities, interests, preferences and needs. It is about building relationships with people with dementia and their family carers, putting them at the heart of decision making – ensuring the person is an equal partner in their health and care.

The values associated with person-centred care include the recognition and promotion of individuality, independence, privacy, partnership, choice, dignity, respect and rights.

Target Audience

Tier 2: Staff who regularly work with people living with dementia

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care

Key Learning Outcomes

Tier 2

The learner will:

- a) understand the principles of person-centred dementia care i.e.
 - the human value of people with dementia, regardless of age or cognitive impairment, and those who care for them
 - the individuality of people with dementia, with their unique personality and life experiences among the influences on their response to the dementia
 - the importance of the perspective of the person with dementia
 - the importance of relationships and interactions with others to the person with dementia, and their potential for promoting well-being⁴
- b) understand how person-centred care can provide insights to the situation of the person with dementia
- c) understand the role of family and carers in the care and support of people with dementia
- d) understand how a person-centred approach can be implemented, including the use of advance planning and life story work
- e) understand the 'journey' of the person with dementia and the changing needs as the disease progresses
- f) know how to adapt the physical environment to meet the changing needs of people with dementia

³ Kitwood, T. (1997). *Dementia reconsidered: the person comes first*. Maidenhead, Open University Press
Brooker, D. (2007). *Person-centred dementia care making services better*. London, Jessica Kingsley Publishers.

⁴ [NICE Guidelines \[CG42\], Dementia: Supporting people with dementia and their carers in health and social care](#)

- g) understand the significance of a person's background, culture and experiences when providing their care
- h) understand the importance of clear documentation to communicate the care needs of the person with dementia

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) understand the value of person-centred care in therapeutic relationships and communication
- b) understand the importance of person-centred approaches in the management and development of services
- c) be able to incorporate person-centred approaches in the management and development of services

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to person-centred dementia care are shown below:

Guidance

- [Care Fit for VIPS](#)
- [NICE quality standard \[QS1\] \(2010\), Dementia quality standard](#)
- [NICE Guidelines \[CG42\] \(2006\), Dementia: Supporting people with dementia and their carers in health and social care](#)
- [Open Learn: The importance of person-centred approaches to nursing care](#)
- [Alzheimer's Society: Person-centred care](#)

Legislation

- [Mental Capacity Act 2005](#)

Relevant national occupational standards and/or national skills frameworks

National Occupational Standards

- [SCDHSC0332: Promote individuals' positive self-esteem and identity](#)
- [SCDHSC0234: Uphold the rights of individuals](#)
- [SCDHSC0414 Assess individual preferences and needs](#)
- [SCDHSC0415 Lead the service delivery planning process to achieve outcomes for individuals](#)
- [SFHGEN111 Enable individuals, their family and friends to explore and manage change](#)
- [SFHCHS233 Contribute to the assessment of needs and the planning, evaluation and review of individualised programmes of care for individuals](#)

UK Core Skills Training Framework

- Person-centred care (draft 2014)

Care Certificate Standards

- Standard 5: Work in a person-centred way (draft 2014)

Dementia Education Principles and Standards

- Principle 1. Person-Centred Dementia Care Levels 1, 2 and 3
- Principle 10. Advance Care Directives Level 1

Communication, interaction and behaviour in dementia care

Context Statement

People with dementia face particular challenges around communication. Dementia may affect a person's ability to understand and use language – their language skills may vary from day to day and become increasingly difficult as their condition progresses.

Effective communication will depend upon the needs and abilities of each individual. Non-verbal communication may become increasingly important as verbal abilities decline. Healthcare professionals must be aware of the importance of their non-verbal communication such as body language, facial expression and touch.

The behaviour of a person with dementia (including challenging and distressed behaviour) is also an important form of communication – possibly indicating their feelings and perceptions. Recognising this can be a key component of effective communication.

Target Audience

Tier 2: Staff who regularly work with people living with dementia

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care

Key Learning Outcomes

Tier 2

The learner will:

- a) understand the importance of effective communication in dementia care
- b) understand the impact of memory and language difficulties on communication
- c) be able to demonstrate active listening skills
- d) be able to gain a person's attention before asking a question or beginning a task with them
- e) understand the importance of speaking clearly, calmly and with patience
- f) know how to adapt the environment to minimise sensory difficulties experienced by an individual with dementia
- g) know the importance of ensuring that individuals have any required support (e.g. spectacles, hearing aids) to enable successful communication
- h) be aware of expertise that may be available from family and carers to support effective communication
- i) be able to adapt communication techniques according to the different abilities and preferences of people with dementia
- j) be aware of the importance of non-verbal communication e.g. body language, touch and visual images
- k) understand that the behaviour of a person with dementia is a form of communication
- l) understand how a person's feelings and perception may affect their behaviour
- m) understand how the behaviour of others might affect a person with dementia

- n) understand common causes of distressed behaviour by people with dementia
- o) be able to recognise distressed behaviour and provide a range of responses to comfort or reassure the person with dementia

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) be able to contribute to the development of practices and services that meet the communication needs of people with dementia
- b) be able to promote effective communication in a healthcare environment

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to communication, interaction and behaviour in dementia care are shown below:

Guidance

- [The VERA Framework \(Blackhall et al, 2011\)](#)
- [Skills for Care & Skills for Health \(2011\), Common Core Principles for Supporting People with Dementia, Principle 3: Communicate sensitively to support meaningful interaction](#)
- [Alzheimer's Society \(2012\), Factsheet: Communicating](#)
- [Skills for Health \(2015\), Stand By Me \[Person-centred communication in dementia care\]](#) [Link to be added](#)

Relevant national occupational standards and/or national skills frameworks

National Occupational Standards

- [SFHGEN97: Communicate effectively in a healthcare environment](#)
- [SFHGEN98: Promote effective communication in a healthcare environment](#)
- [SCDHSC0031: Promote effective communication](#)
- [SCDHSC0369 Support individuals with specific communication needs](#)

UK Core Skills Training Framework

- [Communication \(draft 2014\)](#)

Care Certificate Standards

- [Standard 6: Communication \(draft 2014\)](#)

Dementia Education Principles and Standards

- [Principle 2. Communication Levels 1, 2 and 3](#)

Holistic health in dementia care

Context Statement

Holistic health is about helping people with dementia to maintain and optimise their physical health and psychological well-being. It includes recognising and responding to physical needs such as nutrition, hydration, physical activity, hygiene, pain relief and psychological needs such as delirium and depression. It also requires knowledge of a range of potential interventions including awareness of the role of medication and how to enable and support psycho-social and therapeutic interventions.

Target Audience

Tier 2: Staff who regularly work with people living with dementia

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care

Key Learning Outcomes

Tier 2

The learner will:

- a) understand the importance for individuals with dementia to maintain good physical health through nutrition, exercise and life style
- b) be aware of anticipating an individual's needs to prevent fatigue, dehydration and hunger
- c) know the action to take in response to identification of fatigue, dehydration and hunger
- d) know how to recognise and manage pain in people with dementia
- e) be able to support an individual in maintaining personal appearance and hygiene
- f) be aware of the impact of delirium, depression and social stressors
- g) understand triggers and responses to stressed or distressed behaviours
- h) understand the role of family and carers in supporting the health and well-being of people with dementia
- i) be aware of the role of medication to manage behavioural and psychological issues and associated risks
- j) be able to support individuals in undertaking psycho-social interventions including validation, counselling, reminiscence and life story work
- k) be aware of the role of therapeutic work including complimentary therapies and sensory stimulation
- l) know how to support people with dementia to access the full range of services which would promote their physical and mental health.

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) understand the signs of dementia, depression and delirium and appropriate responses and treatment options
- b) understand the complexity of co-morbidity in dementia
- c) understand the benefits and implications of pharmacological interventions that may enhance memory
- d) understand the evidence for the effectiveness of different psycho-social approaches in different situations
- e) understand the principles and key aspects of psycho-social approaches used to enhance the well-being of people with dementia
- f) be aware of new and emerging knowledge of psycho-social approaches that can be used to enhance the well-being of people with dementia

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to holistic health in dementia care are shown below:

Guidance

- [Department of Health \(2009\), Living Well with Dementia: A National Dementia Strategy, Chapter 5: Living well with dementia](#)
- [NICE quality standard \[QS30\] \(2013\), Quality standard for supporting people to live well with dementia](#)
- [Skills for Care & Skills for Health \(2011\), Common Core Principles for Supporting People with Dementia, Principle 4: Promote independence and encourage activity.](#)

Relevant national occupational standards and/or national skills frameworks

National Occupational Standards

- [SCDHSC0212 Support individuals during therapy sessions](#)
- [SCDHSC0213 Provide food and drink to promote individuals' health and well being](#)
- [SCDHSC0214 Support individuals to eat and drink](#)
- [SCDHSC0216 Help address the physical comfort needs of individuals](#)
- [SCDHSC0218 Support individuals with their personal care needs](#)
- [SCDHSC0219 Support individuals to manage continence](#)
- [SCDHSC0025 Contribute to implementation of care or support plan activities](#)
- [SCDHSC3112 Support individuals to manage their own health and social well-being](#)
- [SCDHSC0393 Promote participation in agreed therapeutic group activities](#)
- [SFHGEN105 Enable individuals to maintain their personal hygiene and appearance](#)
- [SFHGEN107 Enable individuals and families to put informed choices for optimising their health and wellbeing into action](#)
- [SFHCHS62 Provide interventions to individuals with long term conditions](#)
- [SFHCHS68 Support individuals with long term conditions to manage their nutrition](#)
- [SFHMA4 Plan, implement, monitor and review therapeutic interventions with individuals who have a long term condition and their carers](#)
- [SFHMC3 Enable individuals with long term conditions to make informed choices concerning their health and wellbeing](#)

UK Core Skills Training Framework

- Fluids and nutrition (draft 2014)

Care Certificate Standards

- Standard 8: Fluids and nutrition (draft 2014)

Dementia Education Principles and Standards

- Principle 7. Essentials of Physical Care Levels 1, 2 and 3

Pharmacological interventions in dementia care

Context Statement

On occasions, medication may be prescribed for people with dementia, both to address the symptoms of dementia and related health needs they may experience. In such cases, the prescription of medication must be in accordance with current guidance and with an understanding of any contra-indications and related ethical issues. Medication must also be administered safely and appropriately.

Target Audience

Tier 2: Staff who regularly work with people living with dementia

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care

Key Learning Outcomes

Tier 2

The learner will:

- a) know the most common medications used to treat the symptoms of dementia
- b) know the main risks and benefits of using anti-psychotic medication
- c) understand the importance of recording and reporting side effects and/or adverse reactions to medication
- d) be able to administer medication safely and appropriately

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) understand the range of cognitive enhancers, what they do, criteria for eligibility and sources of guidance
- b) understand processes for assessing and prescribing cognitive enhancers
- c) understand the range of drugs to manage behavioural and psychological symptoms of dementia and when such drugs should be used
- d) understand the ethical issues around drug treatments in the care of people living with dementia
- e) understand contra-indications for prescribing anti-psychotic medication
- f) understand the range of medication to address common physical health problems of people with dementia, including how these drugs may interact with cognitive enhancers and drugs prescribed to address behavioural and psychological issues
- g) understand how to assess pain experienced by people with dementia and prescribing practice to address pain effectively
- h) be aware of new and emerging knowledge of pharmacological interventions that can be used to enhance the well-being of people with dementia

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to pharmacological interventions in dementia care are shown below:

Guidance

- [Department of Health \(2009\), Living Well with Dementia: A National Dementia Strategy, Chapter 5: Living well with dementia / sections 31 & 32](#)
- [Minister of State for Care Services \(2009\), The use of antipsychotic medication for people with dementia: Time for action](#)
- [NICE Guidelines \[CG42\] \(2006\), Dementia: Supporting people with dementia and their carers in health and social care](#)

Relevant national occupational standards and/or national skills frameworks

National Occupational Standards

- [SFHCHS2 Assist in the administration of medication](#)
- [SFHCHS3 Administer medication to individuals](#)
- [SFHCMA7 Prescribe medication for individuals with a long term condition](#)
- [SFHAH12 Enable individuals to take their medication as prescribed](#)
- [SCDHSC3122 Support individuals to use medication in social care settings](#)

Living well with dementia and promoting independence

Context Statement

People with dementia should be encouraged to maintain the activities they enjoy and continue to be active. This may include supporting people to adapt their homes to enable them to keep safe and promote their independence. People can also be supported to avoid isolation by maintaining a social life and involvement in their local community.

Target Audience

Tier 2: Staff who regularly work with people living with dementia

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care

Key Learning Outcomes

Tier 2

The learner will:

- a) understand the importance of physical activity in maintaining a person's independence and abilities
- b) be able to support individuals to meet their daily living needs
- c) be able to support individuals to continue their interests, social life and community involvement and know why this is important
- d) understand the needs of individuals for day to day closeness with others e.g. sharing thoughts and feelings
- e) understand how to recognise spiritual and sexuality needs of people with dementia
- f) understand the role of family and carers in enabling people with dementia to live well
- g) understand how activities can be adapted to suit an individual's changing needs
- h) be able to incorporate assistive technology to support self-care and meaningful activity
- i) be able to develop strategies to reduce the struggle with unfamiliar environments
- j) be aware of ways to adapt the environment to promote independence, privacy, orientation and safety (e.g. to reduce risk of falls)
- k) know about perceptual distortions that may occur in dementia and how the impact of such distortion can be minimised by changes to the environment

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) be able to contribute to the development of practices and services that meet the individual needs of people with dementia

- b) understand the principles, processes and options for self-directed support
- c) be able to support the person with dementia and their family to access self-directed support if desired
- d) be able to provide dementia specific advice and guidance on adapting the physical and social environment to ensure physical safety and emotional security

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to living well with dementia and promoting independence are shown below:

Guidance

- [Department of Health \(2009\), Living Well with Dementia: A National Dementia Strategy, Chapter 5: Living well with dementia](#)
- [NICE quality standard \[QS30\] \(2013\), Quality standard for supporting people to live well with dementia](#)
- [Skills for Care & Skills for Health \(2011\), Common Core Principles for Supporting People with Dementia, Principle 4: Promote independence and encourage activity](#)
- [Alzheimer's Society \(2013\), The dementia guide: Living well after diagnosis](#)

Legislation

- [Mental Capacity Act 2005](#)

Relevant national occupational standards and/or national skills frameworks

National Occupational Standards

- [SCDHSC210 Support individuals to participate in recreational activities](#)
- [SCDHSC0027 Support individuals in their daily living](#)
- [SCDHSC345 Support individuals to manage their financial affairs](#)
- [SCDHSC0346 Support individuals to manage direct payments](#)
- [SCDHSC0350 Support the spiritual well-being of individuals](#)
- [SCDHSC0370 Support the use of technological aids to promote independence](#)
- [SCDHSC0393 Promote participation in agreed therapeutic group activities](#)
- [SCDHSC0450 Develop risk management plans to promote independence in daily living](#)
- [SFHCHS153 Enable individual expression using creative arts therapies](#)
- [SFHCHS239 Enable individuals to use assistive devices and assistive technology](#)
- [SFHGEN75 Collaborate in the assessment of the need for, and the provision of, environmental and social support in the community](#)
- [SFHMH68.2013 Co-produce action plans which assist stakeholders in improving environments and practices to promote mental health](#)
- [SFHMH66.2013 Assess how environments and practices can be maintained and improved to promote mental health](#)

Families and carers as partners in dementia care

Context Statement

The majority of care for people with dementia is undertaken by their family carers – however, many family carers report that this results in high levels of stress, depressive symptoms and social isolation. Typically, family carers will want to continue in their caring role, but it is important that they are supported to maintain their own health and well-being as well as be given the support to care for the person with dementia. Increasingly, family carers and healthcare professionals are seen as partners in the care process.

Target Audience

Tier 2: Staff who regularly work with people living with dementia

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care

Key Learning Outcomes

Tier 2

The learner will:

- a) understand the significance of family, carers and social networks in planning and providing care
- b) understand the importance of developing partnerships with family members and carers
- c) understand the impact that caring for a person with dementia in the family may have on relationships
- d) understand the importance of recognising and assessing a carer's own needs, including respite
- e) be aware of the diversity in family arrangements
- f) understand potential socio-cultural differences in the perception of the care giving role
- g) be aware of the additional concerns of younger carers
- h) be able to support family carers to access and use information and local support networks
- i) be able to support family carers in considering options and making decisions
- j) be able to gather information about a person's history and preferences from family carers

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) be able to contribute to the development of practices and services that meet the needs of families and carers
- b) understand methods to assess a carer's psychological and practical needs
- c) understand the role of personalisation in care e.g. the impact of access to personal budgets
- d) understand legislation relevant to carers and carers rights

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to families and carers as partners in dementia care are shown below:

Guidance

- [Department of Health \(2009\), Living Well with Dementia: A National Dementia Strategy, Objective 7: Implementing the Carers' Strategy for people with dementia.](#)
- [NICE quality standard \[QS1\] \(2010\), Dementia quality standard](#)
- [NICE and SCIE \(2006\), Dementia: Supporting people with dementia and their carers in health and social care](#)
- [Skills for Care & Skills for Health \(2011\), Common Core Principles for Supporting People with Dementia, Principle 6: Family members and other carers are valued, respected and supported just like those they care for and are helped to gain access to dementia care advice](#)
- [Department of Health \(2010\), Recognised, valued and supported: Next steps for the Carers Strategy](#)
- [Department of Health \(2014\), Care and Support Statutory Guidance: Issued under the Care Act 2014](#)
- [Department of Health \(2014\), Care Act Factsheets, Factsheet 8: The law for carers](#)

Legislation

- [Care Act \(2014\)](#)

Relevant national occupational standards and/or national skills frameworks

National Occupational Standards

- [SCDHSC0227 Contribute to working in partnership with carers](#)
- [SCDHSC0387 Work in partnership with carers to support individuals](#)
- [SCDHSC0390 Support families in maintaining relationships in their wider social structures and environments](#)
- [SCDHSC0426 Empower families, carers and others to support individuals](#)
- [SCDHSC0427 Assess the needs of carers and families](#)
- [SCDHSC0428 Lead the development of programmes of support for carers and families](#)
- [SFHGEN20 Enable carers to support individuals](#)
- [SFHGEN103 Establish, sustain and disengage from relationships with the families of individuals with specific health needs](#)
- [SFHCHS58 Provide information and support to carers of individuals with long term conditions](#)
- [SFHCHDHN3 Enable carers to access and assess support networks and respite services](#)
- [SFHCMC5 Build a partnership between the team, patients and carers](#)

Equality diversity and inclusion in dementia care

Context Statement

Dementia will affect people from all cultural and ethnic backgrounds. Issues of cultural and ethnic diversity may have an impact on how people experience dementia, including the acceptance of the condition within their family or community.

Dementia is generally regarded as a condition associated with old age. However, there are a significant number of people with younger onset dementia and they are likely to have specific needs and concerns.

In addition, many of the characteristics covered by the Equality Act and related to the wider determinants of health can have a significant bearing on experiences of dementia, including but not limited to an individual's sexuality, disabilities, gender, geographical location etc.

Target Audience

Tier 2: Staff who regularly work with people living with dementia

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care

Key Learning Outcomes

Tier 2

The learner will:

- a) be aware of cultural diversity and equality issues, and how they may impact on people with dementia
- b) understand issues of cultural diversity in dementia and adapt assessment and care planning appropriately
- c) understand diversity in family arrangements and the local community
- d) be aware of the prevalence and impact of younger onset dementia
- e) be aware of legislation to support carers, including young carers
- f) understand the additional concerns of younger carers
- g) be aware of the impact of dementia on people with learning disabilities
- h) be aware of socio-cultural differences in the perception of the care giving role e.g. based on gender

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) be able to actively challenge any discriminatory practice that may compromise a person's right to dignity, respect and safety
- b) understand the impact that discrimination and stigma may have on the life of the person with dementia, their family and carers
- c) be able to lead practice and an organisational culture that values and respects the diversity of individuals
- d) understand legislation relevant to equality, diversity and human rights

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to equality diversity and inclusion in dementia care are shown below:

Guidance

- [Department of Health \(2014\), Care and Support Statutory Guidance: Issued under the Care Act 2014](#)
- [Department of Health \(2011\), National Dementia Strategy: Equalities Action Plan](#)

Legislation

- [Care Act \(2014\)](#)
- [Equality Act 2010](#)
- [Human Rights Act 1998](#)

Relevant national occupational standards and/or national skills frameworks

National Occupational Standards

- [SFHSS01 Foster people's equality, diversity and rights](#)
- [SCDHSC0234 Uphold the rights of individuals](#)
- [SCDHSC3111 Promote the rights and diversity of individuals](#)
- [SCDHSC0452 Lead practice that promotes the rights, responsibilities, equality and diversity of individuals](#)

UK Core Skills Training Framework

- Subject 1: Equality, diversity and human rights

Care Certificate Standards

- Standard 4: Equality and diversity (draft 2014)

Dementia Education Principles and Standards

- Principle 1. Cultural Diversity Levels 1, 2 and 3

Law, ethics and safeguarding in dementia care

Context Statement

Staff working with people living with dementia must be fully aware of their duty of care, particularly where they may be required to make decisions in situations where people are unable to make decisions for themselves. Duty of care is about always acting in the best interests of others and not acting or failing to act in ways that result in harm. In dementia care, this is likely to include ethical issues such as the need to balance a person's safety with their need for independence, deciding the best interests for the person with dementia (e.g. when making decisions about consent to treatment) and recognising that the needs of the person with dementia may sometimes conflict with the needs of others, especially carers⁵.

People with dementia may also be vulnerable to situations where they could suffer neglect, harm or exploitation. In recent years a number of high profile cases have highlighted distressing examples where there have been failings in the duty of care as documented in the Francis Report (2013⁶) and the Cavendish Review (2013⁷). These cases serve to highlight the vital importance of raising concerns and acting on them before it is too late. Therefore, healthcare staff must be able to recognise and address any areas of concern and have the confidence to speak out when required.

Target Audience

Tier 2: Staff who regularly work with people living with dementia

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care

Key Learning Outcomes

Tier 2

The learner will:

- a) understand how duty of care contributes to safe practice
- b) be aware of dilemmas that may arise between the duty of care and an individual's rights
- c) be able to communicate effectively about proposed treatment or care to enable people with dementia to make informed choices as far as practicable
- d) understand the protocols regarding consent to treatment or care for people who may lack mental capacity
- e) understand how 'best interests' decisions may need to be made for those lacking capacity
- f) know how advanced directives can be used to provide information about the wishes of an individual
- g) be able to recognise a range of factors which may indicate neglect, abusive or exploitative practice

⁵ Nuffield Council on Bioethics (2009), Dementia: ethical issues

⁶ Francis R (2013), Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry, London: The Stationery Office.

⁷ Cavendish C (2013), The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings.

- h) know what to do if neglect, abusive or exploitative practice is suspected, including how to raise concerns within local safeguarding or whistle blowing procedures
- i) be aware of key legislation relevant to mental capacity, deprivation of liberty, equality and human rights

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) understand the options available when informed consent may be compromised
- b) be able to respond to safeguarding alerts / referrals
- c) know the evidence based approaches and techniques to assess neglect or abuse
- d) understand the roles and responsibilities of the different agencies involved in investigating allegations of neglect or abuse
- e) understand the importance of sharing safeguarding information with the relevant agencies
- f) know the actions to take if there are barriers to alerting the relevant agencies
- g) understand key legislation relevant to mental capacity, deprivation of liberty, equality and human rights

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to law, ethics and safeguarding in dementia care are shown below:

Guidance

- [Department of Health \(2009\), Reference guide to consent for examination or treatment](#)
- [Department of Health \(2014\), Care and Support Statutory Guidance: Issued under the Care Act 2014](#)
- [Nuffield Council on Bioethics \(2009\), Dementia: ethical issues](#)
- [NICE quality standard \[QS1\] \(2010\), Dementia quality standard](#)
- [Alzheimer's Society \(2014\), Fact Sheet: Deprivation of Liberty Safeguards \(DoLs\)](#)

Legislation

- [Care Act \(2014\)](#)
- [Mental Capacity Act 2005](#)

Relevant national occupational standards and/or national skills frameworks

National Occupational Standards

- [SCDHSC0024: Support the safeguarding of individuals](#)
- [SCDHSC0035: Promote the safeguarding of individuals](#)
- [SCDHSC0045: Lead practice that promotes the safeguarding of individuals](#)
- [SCDLMCB1 Lead and manage practice that promotes the safeguarding of individuals](#)
- [SCDHSC0234 Uphold the rights of individuals](#)
- [SCDHSC0395 Contribute to addressing situations where there is risk of danger, harm or abuse](#)
- [SCDHSC0430 Lead practice to reduce and prevent the risk of danger, harm and abuse](#)
- [SCDHSC431 Support individuals where abuse has been disclosed](#)
- [SFHCHS167: Obtain valid consent or authorisation](#)
- [SFHCHS229 Assess individuals' needs and circumstances and evaluate the risk of abuse, failure to protect and harm to self and others](#)
- [SFHOP10 Create an environment to protect older people from abuse](#)

UK Core Skills Training Framework

- Subject 8: Safeguarding Adults
- Duty of care (draft 2014)
- Consent (draft 2014)

Care Certificate Standards

- Standard 3: Duty of Care (draft 2014)
- Standard 10: Safeguarding Adults (draft 2014)

Dementia Education Principles and Standards

- Principle 1. Ethics Levels 1, 2 and 3
- Principle 10. Advance Care Directives Levels 2 and 3

End of life dementia care

Context Statement

At the end of life for a person with dementia it is important to understand the use and implications of advanced care planning. Symptoms associated with end of life must be effectively managed with care and compassion. In particular, signs of pain must be identified (even if not clearly expressed) and pain relief provided. It is also important to recognise the needs of bereaved family and carers.

Target Audience

Tier 2: Staff who regularly work with people living with dementia

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care

Key Learning Outcomes

Tier 2

The learner will:

- a) understand the use of end of life care pathways and individualised care plans
- b) understand how advanced decisions/directives and best interest decision will affect caring activities
- c) know how to recognise and manage pain in people with advanced dementia
- d) be able to identify symptoms associated with end of life and how these symptoms can be managed with care and compassion
- e) be aware of concerns and needs affecting younger people at the end of life
- f) be aware of the needs of bereaved families and friends
- g) be able to support family and friends to celebrate the life of a loved one once they have passed away
- h) be aware of cultural and religious differences associated with death, care of the dying and the deceased person.

Tier 3

Tier 2 learning outcomes plus the following

The learner will:

- a) be able to contribute to the development of practices and services that meet the end of life needs of people with dementia
- b) be able to provide dementia specific advice and guidance on end of life care

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to end of life dementia care are shown below:

Guidance

- [Department of Health \(2009\), Living Well with Dementia: A National Dementia Strategy, Objective 12: Improved end of life care for people with dementia](#)
- [NICE quality standards \[QS13\] \(2011\), Quality standard for end of life care for adults](#)
- [NICE Guidelines \[CG42\] \(2006\), Dementia: Supporting people with dementia and their carers in health and social care](#)
- [NICE quality standard \[QS1\] \(2010\), Dementia quality standard](#)

Legislation

- [Mental Capacity Act 2005](#)

Relevant national occupational standards and/or national skills frameworks

National Occupational Standards

- [SCDHSC0384 Support individuals through bereavement](#)
- [SCDHSC0385 Support individuals at the end of life](#)

Dementia Education Principles and Standards

- Principle 6. End of Life Care Levels 1, 2 and 3

Research in dementia care

Context Statement

The continuing development of dementia services and treatment requires on-going research and development of evidence-based practice. This includes evaluating the outcomes and impact of services and interventions. When people affected by dementia participate in research activities, this must be handled with due regard for the ethical issues involved.

Target Audience

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care

Key Learning Outcomes

The learner will:

- a) understand systematic research methods to facilitate evidence-based practice
- b) understand approaches to evaluating service outcomes, including the use of patient-reported outcome measures
- c) understand approaches to reporting impact of services and interventions
- d) understand the ethical issues related to conducting research with people who have a cognitive impairment
- e) be able to present research findings clearly and accurately in written reports or verbal presentations
- f) understand the importance of continuing professional development to ensure the techniques used are robust, valid and reliable

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to research in dementia care are shown below:

Guidance

- [Department of Health \(2009\), Living Well with Dementia: A National Dementia Strategy, Objective 17: A clear picture of research evidence and needs](#)

Relevant national occupational standards and/or national skills frameworks

National Occupational Standards

- [SFHR&D8 Conduct investigations in selected research and development topics](#)
- [SFHR&D9 Collate and analyse data relating to research](#)
- [SFHR&D10 Interpret results of research and development activities](#)
- [SFHR&D11 Record conclusions and recommendations of research and development activities](#)
- [SFHR&D12 Present findings of research and development activities in written form](#)
- [SFHR&D13 Present findings of research and development activities orally](#)
- [SFHR&D14 Translate research and development findings into practice](#)
- [SFHR&D15 Evaluate and report on the application of research and development findings within practice](#)

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Leadership in transforming dementia care

Context Statement

Leaders and senior managers have a responsibility to provide direction, disseminate best practice and to motivate and support staff in meeting their objectives. This requires an understanding of the environment in which the organisation operates (e.g. national dementia strategy and policies) and an understanding of current research and developments in dementia care and treatment. Leaders can also influence the culture of their workplace regarding desired attitudes and ways of working (such as promoting person-centred approaches to care). As well as supporting staff in their own organisation, leaders will be required to work collaboratively to deliver integrated services as part of a multi-agency team.

Target Audience

Tier 3: Key staff (experts) who regularly work with people living with dementia and who provide leadership in transforming care

Key Learning Outcomes

The learner will:

- a) understand the key drivers and policies which influence national dementia strategy and service development
- b) be aware of evidence-based research, innovations and developments in dementia interventions and care
- c) be able to disseminate new and evidence-based practice
- d) be able to plan care to promote the use of appropriate, specific, evidence based interventions
- e) understand the importance of demonstrating leadership in delivering compassionate person-centred care
- f) know how to ensure team members are trained and supported to meet the needs of people with dementia
- g) understand the importance of collaborative working in the provision of support, care and services for people with dementia, their families and carers
- h) understand the roles and responsibilities of different agencies involved in dementia care
- i) understand the principles of equality and diversity for access to, and delivery of services.

Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to leadership in transforming dementia care are shown below:

Guidance

Skills for Care & Skills for Health (2011), Common Core Principles for Supporting People with Dementia, Principle 7: Managers need to take responsibility to ensure members of their team are trained and well supported to meet the needs of people with dementia and Principle 8: Work as part of a multi-agency team to support the person with dementia

Relevant national occupational standards and/or national skills frameworks

National Occupational Standards

- SFHGEN13 Synthesise new knowledge into the development of your own practice
- SFHGEN126 Monitor, evaluate and improve inter-agency services for addressing health and wellbeing needs
- SCDLMCA2 Lead and manage change within care services
- SCDHSC0439 Contribute to the development of organisational policy and practice
- SCDHSC0433 Develop joint working arrangements for health and social care services
- SCDLMCB3 Lead and manage the provision of care services that deals effectively with transitions and significant life events
- CFAM&LBA2 Provide leadership in your area of responsibility

Dementia Education Principles and Standards

- Principle 3. Collaboration Levels 1 and 2

Appendix 1: Sources of further guidance and information

The following organisations and web sites provide sources of further guidance and information on dementia:

- [Alzheimer's Society](#)
- [Alzheimer's Research UK](#)
- [Alzheimer's Disease International](#)
- [Association for Dementia Studies](#)
- [Care Fit for VIPS](#)
- [Dementia Action Alliance](#)
- [Dementia Challenge](#)
- [Dementia Partnerships](#)
- [Dementia Road Map](#)
- [Dementia UK](#)
- [DSDC The Dementia Centre](#)
- [National Institute for Health and Care Excellence \(NICE\)](#)
- [National Mental Health, Dementia and Neurology Intelligence Network](#)
- [National Skills Academy \(NSA\), Dementia Resource Library](#)
- [Social Care Institute for Excellence \(SCIE\), Dementia Gateway](#)

Appendix 2: User Guide

Learning outcomes

The learning outcomes aim to describe what the learner will know, understand or be able to do as a result of their learning. This approach is derived from Bloom's Taxonomy⁸ i.e.

- Knowledge: Remember previously learned information
- Comprehension: Demonstrate an understanding of the facts
- Application: Apply knowledge to actual situations
- Analysis: Break down objects or ideas into simpler parts and find evidence to support generalisations
- Synthesis: Compile component ideas into a new whole or propose alternative solutions
- Evaluation: Make and defend judgements based on internal evidence or external criteria.

The majority of learning outcomes at Tiers 1 and 2 describe knowledge, comprehension/understanding and application, although there are some learning outcomes (particularly at Tier 3) which may include analysis, synthesis and evaluation.

The learning outcomes for each subject should together indicate the minimum content for the design and delivery of teaching and learning for each Tier in that subject. However, it is important to reiterate that this is a *core* skills and knowledge framework i.e. the scope of the framework is that which is common and applicable to all settings. Additional content may also be required for some roles and contexts.

The learning outcomes are written as broad statements e.g. 'The Learner will: be aware of / know / understand / be able to...' This provides scope for the Framework to be applicable across a wide range of contexts and settings.

Training and assessment

The Framework does not prescribe a training/teaching method. This will be developed according to the particular context or setting. Similarly, the Framework does not seek to prescribe assessment methods.

For application in a specific context, relevant learning objectives or assessment criteria may be developed to measure achievement of the learning outcomes. In a given context, more specific verbs may be applied to each learning outcome e.g. 'The Learner will: explain / describe / demonstrate / discuss / identify / etc...'

For example, in different organisations or contexts learning outcomes may be assessed by a range of methods e.g. E-assessment, group discussion, observation of performance, products of work, testimony from witnesses, project/case study work etc. The learning outcomes in the Framework are intended to be adaptable to this variety of assessment methods.

⁸ Bloom B (1956), *Taxonomy of educational objectives*

Target audience

The Framework provides a focus on the skills, knowledge and behaviours expected for the delivery of dementia services. This should be of particular value to:

Individuals and teams

The Framework sets out clear expectations for learners and in particular, the core learning outcomes that specific tiers of the workforce should be able to demonstrate. This supports individuals and teams to:

- be clear about the requirements of their roles and to recognise their own transferable skills
- conduct formal or informal training needs analysis, comparing current skills and knowledge with required skills and knowledge
- plan future training requirements to enable continuing professional development and career progression.

Subject matter experts / trainers

The Framework helps those who design education and training opportunities to focus on the key outcomes that learners need to achieve, which in turn will guide the content to be included and the use of appropriate teaching strategies.

The specific learning outcomes also support the effective evaluation of training. Approaches to evaluation can include:

- Evaluating whether learners have achieved the required learning outcomes immediately following a learning intervention (e.g. through assessment of knowledge and/or competence)
- Evaluating whether the learning is being applied in the workplace (e.g. through longer-term evaluation of impact on practice, possibly as part of supervision or appraisal processes)
- Evaluating the impact on quality of care (e.g. measuring patient outcomes and/or levels of satisfaction from individuals with dementia and their families). Such evaluation will require data collection to measure what changes.

Assessors of occupational standards

References to relevant national occupational standards and national skills frameworks indicate how the Framework relates to national standards. For example, a learner working towards the requirements of a national occupational standard could use the Framework as a guide to the skills and knowledge they would need to demonstrate in achieving the national occupational standard in the specific context of *dementia care*.

Managers in organisations / commissioners of training

The Framework enables managers and commissioners to be clear about the specific outcomes required from staff development interventions. Use of the Framework within an organisation enables managers to demonstrate that core dementia training has been planned and delivered in accordance with a nationally recognised Framework. Similarly, commissioners can use the Framework to provide training providers with a quality assurance specification for dementia core skills training.

Education providers

Universities, Colleges and private training providers can use the Framework to underpin the design of education and training curricula, ensuring that the required core learning outcomes are integrated appropriately and/or mapped to overall achievement of curriculum aims. This will help ensure that those learners undertaking healthcare programmes are given the opportunity to acquire dementia core knowledge and skills which are relevant to the requirements of employing organisations.

Regional and national implementation

A further aspiration in providing this Framework is that organisations will be able to review their current arrangements for defining and delivering dementia training and through the adoption of the Framework align their approaches. Such alignment should then have benefits in ensuring consistent approaches, promoting quality and delivery of training which, through the use of learning outcomes, should be more educationally focused and valued. This has the potential to promote organisational and system wide efficiencies by encouraging the health sector to recognise training which meets recognised standards and in doing so help to prevent unnecessary duplication of training delivery.

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Appendix 3: Comparison of the Dementia Core Skills and Knowledge Framework with the Health Education England’s commissioned dementia education standards for curricula design

Dementia Education Standards and Principles were commissioned by Health Education England and developed in parallel with the Department of Health commissioned Dementia Core Skills and Knowledge Framework (developed by Health Education England and Skills for Health).

- 1) The Dementia Core Skills and Knowledge Framework provides a detailed specification of minimum learning outcomes at tiers 1, 2 and 3 for the healthcare workforce.
- 2) The Health Education England’s commissioned research, ‘*Dementia Education: Empirical development of curricula standards and criteria to support Dementia Education*’ has been mapped against the Dementia Core Skills and Knowledge Framework and been incorporated into this.
- 3) The Dementia Core Skills and Knowledge Framework will be used by HEE for benchmarking curricula, commissioning education programmes and for the facilitation of consistent and high quality standards across England.

The table below highlights how the Framework and the Curricula Standards are closely aligned:

Dementia Education Standards: Principles and principle standards	Dementia Core Skills and Knowledge Framework: Subjects
1. Person-Centred Dementia Care <ul style="list-style-type: none"> • Level 1 	Person-centred dementia care Tier 2
Education providers should inculcate person-centred care principles in their dementia care courses <ul style="list-style-type: none"> • Level 2 • Level 3 	Person-centred dementia care Tier 3
2. Communication <ul style="list-style-type: none"> • Level 1 	Communication, interaction and behaviour in dementia care Tier 2
Education providers should include aspects of specific dementia communication strategies in their dementia care courses <ul style="list-style-type: none"> • Level 2 • Level 3 	Communication, interaction and behaviour in dementia care Tier 3
3. Collaboration <ul style="list-style-type: none"> • Level 1 	Dementia awareness Tier 1
Education providers should promote a multi-disciplinary working approach in their dementia care courses <ul style="list-style-type: none"> • Level 2 • Level 3 	Leadership in transforming dementia care Tier 3

Dementia Education Standards: Principles and principle standards	Dementia Core Skills and Knowledge Framework: Subjects
<p>4. Ethics</p> <p>Education providers should address ethical and legal frameworks and their application to decision making for dementia in their dementia care courses</p>	<ul style="list-style-type: none"> • Level 1 • Level 2 • Level 3 <p>Law, ethics and safeguarding in dementia care Tier 2</p> <p>Law, ethics and safeguarding in dementia care Tier 3</p>
<p>5. Recognition</p> <p>Education providers should include methods to assess recognition of dementia in their courses</p>	<ul style="list-style-type: none"> • Level 1 • Level 2 • Level 3 <p>Dementia awareness</p> <p>Dementia identification, assessment and diagnosis Tier 2</p> <p>Dementia identification, assessment and diagnosis Tier 3</p>
<p>6. End of Life Care</p> <p>Education providers should incorporate end of life care practices in their dementia care courses</p>	<ul style="list-style-type: none"> • Level 1 • Level 2 • Level 3 <p>End of life dementia care Tier 2</p> <p>End of life dementia care Tier 3</p>
<p>7. Essentials of Physical Care</p> <p>Education providers should include caring for people's physical health in their dementia care courses</p>	<ul style="list-style-type: none"> • Level 1 • Level 2 • Level 3 <p>Holistic health in dementia care Tier 2</p> <p>Holistic health in dementia care Tier 3</p>
<p>8. Evidence Based Practice</p> <p>Education providers should include instruction in dementia-specific evidence based practice techniques in their dementia care courses</p>	<ul style="list-style-type: none"> • Level 1 • Level 2 • Level 3 <p>All subjects, in particular:</p> <ul style="list-style-type: none"> – Person-centred dementia care – Dementia identification, assessment and diagnosis – Research in dementia care – Leadership in transforming dementia care
<p>9. Cultural Diversity</p> <p>Education providers should address the issue of cultural diversity and its impact on people with dementia in their dementia care courses</p>	<ul style="list-style-type: none"> • Level 1 • Level 2 • Level 3 <p>Equality diversity and inclusion in dementia care Tier 2</p> <p>Equality diversity and inclusion in dementia care Tier 3</p>
<p>10. Advance Care Directives</p> <p>Education providers should include the topic of advance care directives in their dementia care courses</p>	<ul style="list-style-type: none"> • Level 1 • Level 2 • Level 3 <p>Person-centred dementia care Tier 2</p> <p>Law, ethics and safeguarding in dementia care Tier 2</p>

Appendix 4: Related occupational standards, skills frameworks and qualifications

National Occupational Standards (NOS)

National Occupational Standards (NOS) are statements of the standards of performance for individuals when carrying out functions in the workplace, together with specifications of the underpinning knowledge and understanding.

NOS are developed for employers by employers through the relevant Sector Skills Council or Standards Setting Organisation.

All national occupational standards are available from the [NOS Directory](#)

Competence search tools are also available from the [Skills for Health Tools web site](#).

UK Core Skills Training Framework

Skills for Health has developed the UK Core Skills Training Framework which sets out the expected learning outcomes and standards for delivery of training related to the most common statutory and mandatory training subjects within the health sector. The aim is to help ensure the quality and consistency of such training, and to help prevent unnecessary duplication of training.

In order to access the UK Core Skills Training Framework, individuals must first register to use the Skills for Health Tools portal at: http://tools.skillsforhealth.org.uk/login/core_skills_training_framework/.

Once registered, it is possible to download the Framework documents. A number of tools and resources are available from the web site to help organisations map their training to the Framework.

Care Certificate Standards

Following the Francis Inquiry, Camilla Cavendish was asked by the Secretary of State to review and make recommendations on the recruitment, learning and development, management and support of healthcare assistants and social care support workers.

The resulting [report](#), published in July 2013, found that the preparation of healthcare assistants and social care support workers for their roles within care settings was inconsistent, and one of the recommendations was the development of the Care Certificate.

Skills for Health, Health Education England, and Skills for Care, have worked together to develop and pilot the draft Care Certificate documents.

The Care Certificate is due to be formally launched in March 2015, replacing both the National Minimum Training Standards and the Common Induction Standards. Further information about the Care Certificate is available from [Skills for Health](#) and [Skills for Care](#).

Social care standards and qualifications

In social care, the training and competency pathway begins with the Common Induction Standards (superseded the by Care Certificate from April 2015). The pathway should then utilise the [Common Core Principles for Supporting People with Dementia](#). Following this, vocational training routes exist through the Qualification and Credit Framework (QCF) dementia awards and certificates at level 2 and 3. In addition there is also a dementia pathway as part of the QCF health and social care diploma at level 2 and 3.

QCF awards and certificates relevant to dementia care are available from the [Ofqual Register of Regulated Qualifications](#).

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Appendix 5: Suggested Standards for Training Delivery

The employing organisation should be assured that Learning Facilitators have the appropriate experience and background to deliver training to a satisfactory standard. For guidance, this may include the following:

- A current and thorough knowledge of the relevant subject.
- Experience of teaching and learning, including the ability to meet the competences expected for [LSILADD04 Plan and prepare specific learning and development opportunities](#).

The organisation should also ensure that they have put in place a quality assurance mechanism, whereby the accuracy of the content and the effectiveness of its delivery has been quality assured and is subject to periodic observation.

Where E-learning is used, the organisation must ensure the accuracy of the content and its coverage of the required learning outcomes.

The [Education Outcomes Framework \(Department of Health 2013\)](#) provides further guidance on the quality of training with a focus on improvements in patient care, health outcomes and addressing variation in standards.

The [Health Education England \(HEE\) Strategic Framework 15](#) provides the context and strategic direction for the education and training of the current and future healthcare workforce.

Appendix 6: Proposed Frequency of Refresher Training or Assessment

Each organisation will determine any required refresher periods according to local needs and risk assessment, ensuring that any agreed training schedule is incorporated into local policy.

Refresher training will be indicated if staff changes role, there is a change in relevant legislation, national guidelines, organisational protocols or new technologies become available.

Assessment of Competence

- Where a staff member or learner can demonstrate through robust pre-assessment, including where relevant, practical assessment, the required level of current knowledge, understanding and practice, then this can be used as evidence that knowledge and skills have been maintained and the staff member may not need to repeat refresher training.
- Where a staff member or learner does not meet the required level of current knowledge and understanding and practice through pre-assessment, they should complete the refresher training and any associated assessments required.

Appendix 7: Expert Group membership

To be completed...

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