



Department
of Health &
Social Care

Dementia Training Standards Framework

NHS
England

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Acknowledgments

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Skills for Care is exceptionally grateful to all those who were able to participate in the consultation and development process. Whilst it's not practical to thank everyone individually, we would like to extend a special thank you to the following people and organisations:

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- Nationality Activity Providers Association (NAPA)
- Alzheimer's Society
- NHS England
- Care Quality Commission
- Coleman Training
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- Department of Health and Social Care

In addition, we would like to thank the many people who provided comments and feedback on drafts of the framework. All of this feedback has been considered as part of the final draft of this framework.



Development of the framework

The framework review spanned several months and was guided by an Expert Reference Group (ERG) of dementia care specialists from health and social care, facilitated and chaired by Skills for Care.

The process began with a desk-based review, followed by five ERG meetings to review each subject to ensure they were still relevant, update language and working practices, and identify any gaps. The review was iterative, refining existing content and building on the content already there to ensure it was accurate and fit for purpose. A draft was then circulated for public consultation, which highlighted some key themes, including:

- further inclusion of the needs of people living with young-onset dementia
- maintaining independence for people living with dementia for as long as possible
- further expansion of the tiers
- coverage of cultural and spiritual needs of people living with dementia
- additional of more outcomes around delirium
- updated language.

In addition, Skills for Care collaborated with lived experience groups to capture their perspectives on key areas within the framework, including what matters to them. This work provided valuable insights that have now been embedded into the framework.

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Foreword from Jeremy Isaacs

Over a million people in the UK today are living with or caring for someone with dementia. One in two of us will develop or care for someone with dementia during our lives. The impact of dementia therefore extends to families and communities across every corner of our society. Our challenge is not only clinical but profoundly human: to ensure that every person affected by dementia receives care that is compassionate, informed and equitable.

This ‘Dementia Training Standards Framework’ represents a cornerstone in achieving that ambition. It brings coherence and clarity to the education and training that underpin good care – setting out the necessary knowledge and skills for everyone who encounters a person living with dementia, from the first point of contact to the most complex stages of support.

We know that outstanding dementia care depends on a confident, skilled and valued workforce. Whether you are a care worker, nurse, GP, housing officer or volunteer, you have a vital part to play in enabling people to live well. This framework offers a common language for that shared mission – helping to align skills, expectations and learning across sectors, professions and settings.

The updated framework could not be timelier. It reflects new priorities within the NHS ‘Fit for the Future: The 10 Year Health Plan for England’: delivering more personalised, community-based services; integrating health and social care; and tackling inequalities in access and outcomes. It also recognises the voices of people with lived experience – their call for professionals who listen, understand and act with empathy.

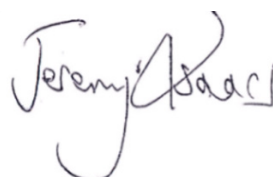
At the framework’s heart lies a simple truth: training is not a one-off exercise but a commitment to lifelong learning. This framework supports that journey, empowering teams to translate knowledge into action and to embed person-led, evidence-based practice. It reminds us that the quality of dementia care is inseparable from the values that drive it – dignity, respect, curiosity and kindness.

I am deeply grateful to everyone involved in developing and refining this framework – clinicians, educators, social care professionals and people with lived experience. Their expertise and dedication ensure that this document is not merely a guide but a catalyst for transformation.

By using it well, we can nurture a workforce equipped not just to deliver care, but to reimagine it – care that places the person, their story and their potential at the centre of everything we do.

Dr Jeremy Isaacs

National Clinical Director for
Dementia and Older People’s Mental
Health, NHS England



Foreword from the perspective of people living with dementia

As people living with dementia, we're proud to contribute to the ongoing development of this framework. It represents an important opportunity to ensure that dementia awareness, education and training are not just about acquiring knowledge, but about changing practice, attitudes and culture.

For us, meaningful training goes beyond learning about dementia – it means truly understanding the person who lives with it. Every individual who receives a diagnosis of dementia brings a lifetime of experience, of family, education, work, community and identity. Dementia is only one part of who we are. It does not define us, and it should never be the only thing others see.

Training that truly makes a difference must give real weight to lived experience, not as an add-on, but as a central voice throughout the development and delivery of learning. Authentic involvement of people living with dementia in training ensures that learning moves beyond theory and connects directly to the human experience of care.

This principle comes to life in the 'Hear Our Voice' documentary, created by members of Dementia NI living with dementia, in partnership with local health and social care trusts. In that film, people like us share, in our own words, what daily life is really like. We describe the effort it takes to process information, the impact of environment and communication, and how small changes in approach can make a huge difference.

We describe how a calm, well-organised space, a clear introduction and direct, respectful communication help us to feel safe and valued. When procedures or next steps are not clearly outlined, or when others are spoken to instead of us, it can cause unnecessary anxiety and distress. The 'Hear Our Voice' project shows that what is good for people living with dementia is good for everyone – improving the quality of care, relationships and wellbeing for all.

We ask all educators, leaders and practitioners using this framework to ensure that true person-centred care is at the heart of every interaction with those living with dementia, and that it is built on genuine, respectful connection and understanding. Every conversation, every touch and every decision should begin with seeing and understanding the individual, not the diagnosis. Listen to the stories, hopes and challenges of those living with dementia. Let our voices shape your understanding and let that understanding guide your actions.

Our hope is that this framework continues to grow as a living document – one that values people for who they are, promotes compassion and respect, and inspires those who work in health and social care to deliver care that always sees the person first.

Contributed by people living with young-onset dementia who are active in advancing dementia awareness, training and education, including through the 'Hear Our Voice' initiative.

Introduction

Background

Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of brain functioning. There are many different causes of dementia, and many different types.

People often get confused about the difference between Alzheimer's disease and dementia. Alzheimer's disease is a type of dementia, as is vascular dementia. The majority of people with dementia have one of these two types.

Dementia symptoms may include difficulties with:

- memory loss
- thinking speed
- mental sharpness and quickness
- language, such as using words incorrectly, or difficulty speaking
- understanding
- judgement
- regulating mood
- movement
- difficulties completing daily activities.

The 'Dementia Training Standards Framework' is grounded in principles of dignity, respect and person-led care. It supports organisations in embedding dementia learning within workforce development strategies, aligning with regulatory standards and broader goals of workforce capability, service improvement and integrated care. In line with the 'Fit for the Future: 10 Year Health Plan for England' and the 'NHS Long Term Workforce Plan', which prioritise enhanced dementia care and a strengthened, community-focused workforce, the framework promotes consistent, high-quality training across sectors.

It serves as a key resource for employers, educators and practitioners, defining evidence-based practice, national standards, implementation strategies and performance measures to inform learning and qualification development. It is not intended to be used as a resource to plan, evidence or measure care and support for people living with dementia.

How the framework can support you

The framework includes suggestions for a range of learning content delivery models, with varying levels of flexibility to support different settings and workforce roles across the health and care workforce. It has been updated to provide a robust foundation for education professionals to review and align existing learning provision, including dementia awareness within the Care Certificate standards, employer induction programmes, mandatory training, specialist learning and training programmes, and qualifications accessed across the workforce.

Use of the framework will support organisations to:

- standardise the interpretation of dementia education and learning
- guide the focus and aims of dementia education and learning delivery
- support consistency of qualifications and quality assurance for dementia education and learning
- ensure the educational relevance of dementia training
- improve the quality and consistency of education and training provision.

Individuals and teams

The framework defines clear learning outcomes for each tier, outlining what learners should know and 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 education and training requirements to enable continuing professional development and career progression.

Subject matter experts/trainers

The framework helps those who design education and learning 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 education and 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 person led outcomes and/or levels of satisfaction from people living with dementia and their families; such evaluation will require data collection to measure what changes.

Managers in organisations/commissioners of training

The framework helps managers and commissioners define expected outcomes from staff development and ensure dementia training aligns with national standards. It also provides a quality benchmark for education and learning providers, supporting consistency and assurance in training delivery.

Education and learning providers

Universities, colleges and learning providers can use the framework to design curricula that embed core dementia learning outcomes. This ensures that learners in health and care programmes gain the knowledge and skills relevant to employer needs and sector standards.

Regional and national implementation

The framework encourages organisations to review and align their dementia learning and qualifications with nationally recognised standards, supporting consistency, educational value and reduced duplication. It promotes system-wide efficiency by guiding the development of relevant, outcome-focused learning. The framework also supports integration across health and social care by promoting a shared understanding, improved communication and opportunities for joint training.

Benefits of using the framework

The framework is relevant to employers, employees and educational institutions that prepare and support students for roles across health and care settings. Its application supports organisations to:

- ensure consistent understanding of dementia learning – providing a shared interpretation across services to reduce variation
- clarify the purpose and direction of learning – helping focus content and delivery on role-specific needs
- maintain relevance of learning content – aligning education with current best practices and care standards
- enhance quality and consistency – supporting uniform and high standards of learning and training across organisations
- support workforce development – helping organisations identify learning needs and align workforce capabilities with service requirements
- enable cross-sector collaboration – providing a shared language and structure for training across health and social care sectors
- enhance career progression – offering clear pathways for staff to develop skills and advance within dementia care roles
- improve service outcomes – contributing towards better care experiences and outcomes for people living with dementia and their families and carers. The framework can also support the assessment of competence, learning needs analysis and provision of minimum standards of performance.

How to use the framework

Selecting relevant content

Not all subjects or outcomes will be relevant for everyone.

When designing learning you should:

- Pick subjects relevant to your organisation and job roles.
- Choose learning outcomes from the tiers that match the role/service level.

You **do not need to include all outcomes**—only those that are applicable.

Relevant subjects can be selected from the framework to stand alone or be combined with other subjects. They can also be integrated into other learning programmes (e.g. end of life care) to diversify and enrich learning and to ensure that learning is adapted for the learner's needs, role and setting.

The framework defines core, cross-sector expectations applicable across diverse settings. However, it may be necessary to cover additional content to meet the specific needs of certain roles or contexts.

You can return to the main contents page at any time by selecting the home button located next to the page number in the bottom-right corner of the screen.

Quick summary

- Start by identifying relevant subjects.
- Select the appropriate tier for each subject.
- Use the learning outcomes to design your training.
- Refer to the appendices for definitions, standards, further reading and guidance.



Training and assessment

The framework does not prescribe specific teaching or training methods. However, approaches that emphasise experiential, work-based and reflective learning have been shown to be effective. Delivery should be tailored to the specific context or setting learners work within. The framework does not dictate specific assessment methods, allowing flexibility to suit local needs and professional requirements.

The following points, however, can help with the delivery of impactful, dementia-specific learning:

- evidence-informed training design
- effective delivery method
- inclusive digital learning
- support and accessibility
- strong leadership.

To support application in specific contexts, relevant learning objectives or assessment criteria may be developed to help measure achievement of the learning outcomes. In such cases, more precise action verbs such as explain, describe, demonstrate, discuss or identify can be used to clarify expectations and ensure alignment with the intended level of learning.

Assessment of learning outcomes may vary across organisations and contexts, using methods such as e-assessment, group discussion, observation of practice, work products, witness testimony, or project and case study work. The framework is designed to be flexible and adaptable to this range of approaches, supporting diverse assessment strategies while maintaining consistency in expected outcomes.

In addition to this framework, there are complementary frameworks that provide more detailed guidance on specific areas of specialised practice. These include 'Mental Health Core Capabilities Framework', 'Frailty Core Capabilities Framework' and 'End of Life Care Core Capabilities Framework', among others.



Structure of the framework

The framework is organised into **three tiers of learner**.

Each tier covers up to **14 subjects** (where applicable). Each subject includes:

- a brief overview of the topic
- key learning outcomes – mapped to the relevant tier.

How the tiers work

The three tiers encompass the whole of the social care and health workforces and beyond, into other sectors and roles which may interact to varying degrees with people living with dementia, recognising that roles not providing care need less in-depth knowledge than those regularly providing care, or specialist practitioners.

The framework is **incremental**:

- Tier 2 assumes learners already have the skills and knowledge specified in tier 1.
- Tier 3 assumes learners already have the skills and knowledge specified in tier 1 and tier 2.

This avoids unnecessary repetition.

The table below provides a description of each tier and examples of indicative roles that may be associated with each tier, relevant to the adult social care and health sectors. Please note that this is a representative but not exhaustive list.



Tier descriptor	Indicative roles
Tier 1	
Tier 1 is considered the baseline level for everyone in roles or environments where they may come into contact or interact with people living with dementia, across all settings (including the voluntary sector). The learning outcomes in tier 1 should be sufficient for those not directly providing care, and the priority is on providing a basic level of knowledge and awareness relevant to everyone working in environments where people living with dementia, or their families and carers, frequent or interact. Not all indicative roles will require all of the tier 1 content, an appropriate summary of relevant learning outcomes can be identified as suitable for the role and environment. Learning could form part of induction training and/or provide a foundation for developing more advanced practice.	■ Administrator ■ Personal assistant ■ Healthcare support worker ■ New to care ■ Domiciliary care worker ■ Care worker/Support worker ■ Domestic assistant ■ Porter ■ Clinical support assistant ■ Patient support assistant ■ Volunteer roles
Tier 2	
Tier 2 is for all roles providing direct care and services to people living with dementia. The learning outcomes in tier 2 build on tier 1 outcomes, deepening core concepts and applying them in practice, forming the basis for specialist knowledge and skills developed at tier 3. Not all indicative roles will require all of the tier 2 content, an appropriate summary of relevant learning outcomes can be identified as suitable for the role and environment.	■ Care worker/Support worker ■ Personal assistant ■ Domiciliary care worker ■ Senior care assistant ■ Enhanced care worker ■ Supervisor or leader ■ Practice leader ■ Deputy manager ■ Community support worker ■ Domiciliary care worker ■ Healthcare support workers (health and social care) ■ Housing support workers ■ Registered nurses ■ Allied health professionals ■ Primary care staff

Tier 3

Tier 3 is for senior and specialist practitioners caring for people living with dementia, who hold professional responsibility and accountability, including those who manage services, lead teams and oversee specialist care. They may also undertake education and commissioning roles.

The learning outcomes in tier 3 learning build on tier 2 outcomes, requiring knowledge and understanding of complex situations, leadership, decision-making and sharing of best practice.

Not all indicative roles will require all of the tier 3 content, an appropriate summary of relevant learning outcomes can be identified as suitable for the role and environment.

- Registered manager
- Specialist dementia practitioner
- Practice development lead
- Quality assurance lead
- Dementia care lead
- Specialist nurse
- Clinical psychologists
- Specialist allied health professionals
- Senior clinician
- Social workers
- Service managers
- Dementia trainers/Practice educators/Qualification leads
- Research leads

How subjects are organised

Subjects are numbered 1 to 14 for easy reference. The numbering does not indicate a subject hierarchy or mean you must follow them in a certain order. You can choose any subject that is relevant to your organisation or job roles.

Learning outcomes

Each subject has clearly defined **learning outcomes** for each tier. These outcomes explain what learners should:

- know
- understand
- and be able to demonstrate after learning.

Most learning outcomes at tiers 1 and 2 focus on knowledge, understanding and practical application. At tier 3, outcomes may also include higher-level cognitive skills such as analysis, synthesis and evaluation.

Outcomes are intentionally broad, using phrases like “be aware of/know /understand/be able to...”. This is to ensure flexibility and relevance across a wide range of environments and professional responsibilities.

Appendices

The appendices provide extra resources and guidance including:

- further guidance and information sources
- glossary of terms used in the framework
- related standards and frameworks
- suggested standards for learning delivery
- recommended frequency for refresher learning or assessment
- general references.

Appendix 2 contains a glossary to explain key terms and phrases. Where a word or phrase is written in **bold text** in a learning outcome, the glossary will provide extra guidance or examples to help interpret its meaning



Key learning outcomes

Tier 1 - Applicable to everyone

Provides a baseline knowledge level for a range of roles or environments where they may come into contact or interact with people living with dementia, across all settings.

It is assumed that all roles in tiers 2 and 3 will also have this knowledge.

Subject	Learning outcomes The learner will:
Subject 1: Dementia awareness With a growing and ageing population, the number of people in the UK living with, or at risk of dementia continues to rise, making dementia care a national priority. Dementia awareness remains essential across the entire health and social care workforce, including those in non-clinical and community-facing roles. Ensuring all staff have a core understanding of dementia, cultural competence and the ability to respond with empathy, helps to create inclusive, person-centred environments and better outcomes for people living with dementia and their carers. Incorporating dementia awareness into induction and refresher training will keep workforce knowledge current and responsive to evolving care needs.	1.1.1. Understand that every person's experience of dementia is different and how important it is to treat people as individuals. 1.1.2. Know what is meant by the term dementia. 1.1.3. Be aware of the prevalence of dementia in the UK population. 1.1.4. Be aware of the myths, stigma and stereotypes around dementia, particularly around age. 1.1.5. Know what actions people can take to reduce their risk of dementia or delay onset or progression. 1.1.6. Be aware of the impact of dementia on people, families and society. 1.1.7. Be aware of how a person's health or care needs may change, and how positive and person-centred approaches can enable people to keep well and maintain independence for longer. 1.1.8. Understand that dementia is a progressive and life-limiting condition that significantly affects cognitive, physical and emotional functioning over time, and affects everyone differently. 1.1.9. Be aware of how cultural values and beliefs can impact on people living with dementia and their families. 1.1.10. Understand the different challenges that people with young-onset dementia are likely to face, and how these are often different to challenges for older people. 1.1.11. Understand the reasons why a person living with dementia may exhibit signs of distress, and that their behaviours may be a way of communicating unmet needs.

	1.1.12. Be aware of the central role that their home and immediate community play in enabling a person to adjust to life with dementia. 1.1.13. Be able to communicate effectively and compassionately with people living with dementia. 1.1.14. Be able to recognise signs of dementia and be aware that these signs may also be associated with other conditions or circumstances. 1.1.15. Be able to signpost people, families, carers and supporters to dementia advice, support and information. 1.1.16. Understand the range of different environments in which dementia care can take place and what each has to offer. 1.1.17. Recognise the signs and symptoms of delirium and how they differ from dementia.
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Subject 2: Dementia: early intervention and prevention

Many types of dementia are linked to modifiable lifestyle factors such as smoking, poor diet, physical inactivity, social isolation and excessive alcohol use.

Prevention begins with promoting healthy lifestyles across all age groups, including staying physically active, eating a balanced diet, maintaining a healthy weight, reducing alcohol intake, stopping smoking, and managing long-term health conditions. Health and care professionals play a vital role in embedding these messages into everyday practice and supporting population wellbeing.

A life-course approach that encourages brain health through education, social engagement, and cardiovascular care is essential, alongside efforts to tackle health inequalities and provide targeted support for underserved communities. Proactive, system-wide strategies that integrate dementia risk reduction into routine health promotion and chronic disease management can help create lasting impact across the lifespan.

- 2.1.1. Recognise how health inequalities contribute to the increased risk of certain types of dementia.
- 2.1.2. Understand the lifestyle factors that may increase the risk of developing certain types of dementia, and how changes may delay the onset and severity of certain types.
- 2.1.3. Understand how maintaining positive brain health through lifestyle and environmental factors could reduce the risk or delay the onset of dementia.
- 2.1.4. Be able to support the care and health planning process when the needs of people living with dementia change.

Subject 3: Dementia identification, assessment and diagnosis

Early and accurate dementia diagnosis is vital for timely access to care, support, treatment, and future planning. Specialist clinicians should stay informed about emerging diagnostic tools, such as biomarkers and neuroimaging, to enable precise subtyping and eligibility for disease-modifying treatments. Non-specialist staff also play a crucial role as they are often first to notice symptoms, provide compassionate support, and refer individuals to specialist services. Strengthening multidisciplinary teams and upskilling the wider workforce are key to improving diagnosis pathways and reducing delays.

- 3.1.1. Know the most common types of dementia in the UK and their underlying causes.
- 3.1.2. Know why early and accurate diagnosis of dementia is important and the likely outcomes if assessment and treatment are delayed.
- 3.1.3. Be able to recognise and respond to the needs of people who may be experiencing symptoms of dementia but have not yet received a formal diagnosis, ensuring compassionate support and referral to appropriate services.
- 3.1.4. Understand the progressive nature of dementia and the difficulties people may face as dementia progresses.

Subject 4: Person-led dementia care

Person-led dementia care puts the person at the centre of decisions about their own support, ensuring they have ownership, influence, and control over what matters most to them. This approach recognises the whole person including their history, strengths, interests, cultural identity and goals. rather than focusing solely on a diagnosis.

Carers and professionals play a vital role by listening, understanding, and acting on the person's wishes, whilst respecting values such as autonomy, dignity, equality, and human rights. Culturally competent practice is key to ensuring that care reflects a person's beliefs, language and traditions.

- 4.1.1. Understand the principles of person-led dementia care, recognising the value and uniqueness of people living with dementia and their **carers**, the importance of the person's own perspective, and the role of relationships and interactions in promoting wellbeing.
- 4.1.2. Know the role of families, **carers** and supporters in person-led dementia care, and their contribution to decision-making and support.
- 4.1.3. Recognise that dementia is not an inevitable part of ageing and that it can affect younger people, whose support needs may differ from those of older adults.
- 4.1.4. Understand that person-led care begins with being led by the person, using empathy and curiosity to understand their feelings and behaviours.
- 4.1.5. Be able to support people living with dementia to identify, build on and apply their strengths in ways that promote independence, confidence and wellbeing.

Subject 5: Communication, interaction and behaviour in dementia care

Dementia is caused by different diseases, each presenting unique symptoms, so it is important that staff understand these variations and how to provide appropriate, personalised support. Communication can be significantly affected, with language skills changing and declining over time, making non-verbal cues such as body language, facial expressions and touch really important. Health and care professionals should be mindful of their own signals and adapt their communication to meet individual needs.

Distressed or unusual behaviour often reflects unmet needs or emotions, requiring empathy, patience and an understanding of underlying causes. Effective care also means recognising and respecting diverse backgrounds, identities, and cultural needs, ensuring that people living with dementia, their families, and carers feel heard, valued, and supported.

- 5.1.1. Be able to promote effective communication with people living with dementia.
- 5.1.2. Be able to make reasonable adjustments to communication styles and aids to support the needs of people living with dementia.
- 5.1.3. Understand the importance of effective communication and speaking clearly, calmly and with patience in dementia care.
- 5.1.4. Understand that sudden changes in behaviour and cognition may indicate delirium and a change in physical health.
- 5.1.5. Understand the importance of empowering the person living with dementia with enough time to respond to communications.

Subject 6: Health and wellbeing in dementia care

Supporting people living with dementia to maintain physical health and psychological wellbeing involves addressing needs such as nutrition, hydration, physical activity, hygiene, pain management and mental health conditions such as anxiety or depression.

It requires understanding both medical and non-medical approaches, including appropriate medication use and psychosocial or therapeutic interventions. Mealtime experiences play an important role in promoting nutrition, hydration, and quality of life, and person-centred support combined with social engagement can enhance a person's enjoyment and wellbeing.

- 6.1.1. Understand the importance of maintaining physical, psychological and oral health and wellbeing in people living with dementia through healthy lifestyle choices, including nutrition, hydration, exercise and social engagement.
- 6.1.2. Demonstrate an understanding of how to anticipate and respond to the health and wellbeing needs of a person living with dementia.
- 6.1.3. Know the action to take in response to identification of fatigue and falls.
- 6.1.4. Know how to respond to dehydration, hunger and unplanned weight loss, and support good nutrition and hydration through effective monitoring and positive mealtime practices.
- 6.1.5. Understand how dementia affects cognitive and sensory processing related to appetite, hunger recognition and mealtime behaviours.
- 6.1.6. Be able to adapt approaches to support safe and enjoyable eating and drinking experiences, relevant to the person's preferences and stage of dementia.
- 6.1.7. Understand the risks of malnutrition, dehydration and pneumonia, and identify early warning signs.
- 6.1.8. Understand triggers and responses to stressed or **distressed behaviours**.
- 6.1.9. Be able to recognise the value of technology and digital services in enhancing the quality, accessibility and coordination of care for people living with dementia.
- 6.1.10. Understand how assistive technology and digital equipment can be used to meet the care needs of people and enhance their quality of life.
- 6.1.11. Be able to support people in maintaining personal appearance, cleanliness and good oral hygiene.
- 6.1.12. Be able to support people in engaging with approaches that promote emotional wellbeing, personal reflection and connection, such as validation, cognitive stimulation therapy, counselling, reminiscence and life-story work.

Subject 7: Pharmacological approaches in dementia care

Medication may be prescribed for people living with dementia to manage symptoms or treat other health conditions however, its use must be guided by clinical best practice, considering potential side effects, contraindications, and ethical implications.

Treatment decisions should be person-centred, involve informed consent where possible, and be regularly reviewed, especially as new pharmacological options emerge. Safe administration is essential to avoid harm and support wellbeing, requiring professionals to monitor effects, identify adverse reactions, and adjust plans as needed. Collaboration across multidisciplinary teams, including pharmacy, primary care, mental health, and carers, is key to ensuring safe prescribing, reviewing, and deprescribing.

7.1.1. Be able to recognise how impaired swallowing can affect a person's ability to take medication and understand when to seek advice from others about alternative formulations.

7.1.2. Understand the importance of recording and reporting side effects and/or adverse reactions to medication.

Subject 8: Adjusting to living with dementia and promoting independence

People living with dementia, whether with young-onset, mild cognitive impairment, or a longer-term diagnosis, should be supported to engage in meaningful activities that promote joy, purpose, and wellbeing. This involves maintaining physical, cognitive, and social activity, guided by personalised care plans that reflect individual goals, strengths, and changing needs.

Support may include adapting home environments to enhance safety and independence, using assistive technologies and ensuring equitable access to activities regardless of the person's background. Promoting social connection through community participation, sustaining relationships, and creating opportunities for interaction helps reduce isolation and uphold dignity, identity and autonomy. Carers and families should be equipped with advice and tools to assist and digital platforms can further support engagement, particularly for those living alone or in rural areas.

- 8.1.1. Understand the importance of physical activity, including access to outside space, in maintaining a person's independence and abilities.
- 8.1.2. Be able to support people living with dementia to engage in activities that stimulate their senses.
- 8.1.3. Be able to support people living with dementia to meet their daily living needs.
- 8.1.4. Be able to support people living with dementia to continue their interests, social life and community involvement, and know why this is important.
- 8.1.5. Understand the needs of people living with dementia for **day-to-day closeness with others**.
- 8.1.6. Understand how to recognise and respond to the cultural and spiritual needs of people living with dementia.
- 8.1.7. Understand how to recognise and respond to intimacy and the sexual needs of people living with dementia, while ensuring the safety and wellbeing of others.
- 8.1.8. Understand how activities can be adapted to suit the changing needs of people living with dementia.
- 8.1.9. Understand how all the senses can play an important part in supporting the wellbeing of people living with dementia.
- 8.1.10. Be able to use sensory-focused objects and activities in the care and support of people living with dementia.
- 8.1.11. Be able to work with others to assess and use technology and digital platforms and tools in ways that promote the safety, independence and wellbeing of people living with dementia.
- 8.1.12. Recognise that whilst technology can enhance care, it has its limitations and cannot replace the value of human contact.
- 8.1.13. Know about perceptual distortions that may occur in dementia and how the impact of such distortion can be minimised by changes to the environment.
- 8.1.14. Understand the importance of food-related activities to stimulate appetite and support engagement and independence in food preparation, eating and drinking.

Subject 9: Families, carers and supporters as partners in dementia care

Family members provide most of the care for people living with dementia, often taking on complex and sustained responsibilities that can lead to stress, burnout, and isolation. It is essential to recognise carers not only as care providers but as individuals with their own health and wellbeing needs, ensuring access to practical guidance, emotional support, respite services, and peer networks.

Support should reflect diverse circumstances and identities, including young carers, working carers, and those from ethnic minority communities whose access to resources may vary. Carers are key partners in delivering person-centred care and collaboration with professionals promotes shared decision-making and integrated planning. Equipping carers with training, resources, and support for transitions such as hospital discharge helps sustain their role and improve outcomes for everyone involved.

- 9.1.1. Understand the significance of family, **carers**, supporters and social networks in planning and providing person-led care and health services.
- 9.1.2. Be able to gather information about a person's history and preferences from family **carers**.
- 9.1.3. Understand the importance of developing partnerships with family members, **carers** and supporters.

Subject 10: Equality, diversity, inclusion and human rights in dementia care

Dementia affects people of all ages and backgrounds, and experiences are shaped by cultural identity, community beliefs and individual circumstances. While often associated with older age, many people live with young-onset dementia which brings challenges related to employment, family responsibilities and social roles.

Other factors such as disability, gender, sexual orientation and neurodiversity can also influence access to support, requiring adapted approaches for timely diagnosis and care. Inclusive dementia care must respect each person's identity, lived experience, and socioeconomic context, embedding equality, diversity, and inclusion in every aspect of support.

- 10.1.1. Understand the principles of equality, diversity and inclusion for access to delivery of services.
- 10.1.2. Be aware of cultural diversity, equality and equity issues, and how they may impact on people living with dementia.
- 10.1.3. Understand what unconscious bias is and how it can influence attitudes, decisions and interactions in dementia care.
- 10.1.4. Be able to recognise the potential impact of trauma and understand the importance of creating safe, inclusive and supportive environments.
- 10.1.5. Understand how protected characteristics under the Equality Act 2010 influence the provision of person-centred dementia care.
- 10.1.6. Understand the impact that discrimination and stigma may have on the person living with dementia, their family, **carers** or supporters.
- 10.1.7. Understand and apply legislation relating to equality, diversity, inclusion and human rights, ensuring that people living with dementia receive care that is inclusive, respectful and legally compliant.

Subject 11: Law, ethics and safeguarding in dementia care

Staff supporting people living with dementia must clearly understand their duty of care, particularly when individuals lack capacity to make decisions. This means acting in their best interests, balancing safety with independence, making decisions about treatment and consent and managing potential conflicts between the needs of the person and their carers.

People living with dementia are vulnerable to neglect and exploitation, so health and care staff must remain vigilant, confident in identifying concerns and prepared to speak up to protect those in their care.

- 11.1.1. Be aware of safeguarding principles and understand factors that can contribute towards **safeguarding concerns** for people living with dementia.
- 11.1.2. Understand what is meant by duty of care and how this contributes to safe practice and facilitates decision-making.
- 11.1.3. Be aware of how the wellbeing of a person living with dementia is linked to positive risk-taking and of dilemmas that may arise in balancing their rights, duty of care and **carers'** wishes.
- 11.1.4. Understand the requirements of the Mental Capacity Act 2005 regarding consent to treatment or care for people who may lack mental capacity, and be able to support them to express their preferences and be involved in decisions about their care when capacity is fluctuating or limited.
- 11.1.5. Know how advance decisions should be made and used to provide information about the wishes of the person living with dementia.
- 11.1.6. Be able to recognise a range of factors that may indicate neglect or abusive or exploitative practice.
- 11.1.7. Know what to do if neglect or abusive or exploitative practice is suspected, including how to raise concerns within local safeguarding or whistleblowing procedures.
- 11.1.8. Be aware of **key legislation** relevant to mental capacity, safeguarding, deprivation of liberty, equality and human rights.
- 11.1.9. Be able to communicate proposed treatment or care clearly and compassionately to support informed decision-making by people living with dementia.
- 11.1.10. Be able to recognise and respond to **safeguarding concerns** ensuring the rights and dignity of people are preserved.
- 11.1.11. Be able to identify, assess and respond appropriately to **safeguarding concerns**, including **initiating alerts** and making accurate and timely referrals in line with legal, ethical and organisational requirements.

Subject 12: End of life dementia care

Maintaining hydration and oral comfort is important, alongside emotional support for family members before and after bereavement. High-quality palliative care delivered by trained health and social care professionals, combined with personalised planning from diagnosis, helps uphold dignity and enables people to pass in their preferred place with appropriate support.

A separate and more detailed framework - the 'End of Life Care Core Capability Framework' - can be used to supplement this section.

- 12.1.1. Work collaboratively in multidisciplinary teams with colleagues and other professionals to deliver coordinated care for people living with advanced dementia.
- 12.1.2. Know how to recognise and manage pain, and address the **broader physical needs** in people living with advanced dementia.
- 12.1.3. Be able to recognise and respond sensitively to the needs of bereaved families and friends, acknowledging the range of emotions they may experience.

Subject 13: Research and evidence-based practice in dementia care

The development of dementia services and treatments relies on ongoing research and evidence-based practice, including evaluating the effectiveness of care approaches. When people living with dementia take part in research, their involvement must be guided by strong ethical principles and handled with sensitivity and respect. Expanding access to research opportunities and equipping health and care staff with the skills to lead studies ensures research reflects real-world experiences and delivers outcomes that matter most to people with dementia and their carers.

No learning at tier 1.

Subject 14: Leadership in transforming dementia care

Leaders and senior managers play a critical role in shaping dementia care by setting strategic direction, sharing best practice and motivating staff to achieve service goals.

They must have a strong understanding of policy, regulation and emerging innovations while adopting a workplace culture that prioritises person-centred values, continuous learning and compassionate care.

Effective leadership embeds training into practice, sustains long-term impact and promotes collaboration across sectors to deliver integrated services that meet the complex needs of people living with dementia and their families.

No learning at tier 1.

Tier 2 - Applicable to those providing direct care and services for people living with dementia

Builds on tier 1 to provide a more in-depth knowledge level for those in roles providing direct care for people living with dementia.

It is assumed that all roles in tier 3 will also have this knowledge.

Subject	Learning outcomes The learner will:
Subject 1: Dementia awareness With a growing and ageing population, the number of people in the UK living with, or at risk of dementia continues to rise, making dementia care a national priority. Dementia awareness remains essential across the entire health and social care workforce, including those in non-clinical and community-facing roles. Ensuring all staff have a core understanding of dementia, cultural competence and the ability to respond with empathy, helps to create inclusive, person-centred environments and better outcomes for people living with dementia and their carers. Incorporating dementia awareness into induction and refresher training will keep workforce knowledge current and responsive to evolving care needs.	No additional learning at tier 2.

Subject 2: Dementia: early intervention and prevention

Many types of dementia are linked to modifiable lifestyle factors such as smoking, poor diet, physical inactivity, social isolation and excessive alcohol use.

Prevention begins with promoting healthy lifestyles across all age groups, including staying physically active, eating a balanced diet, maintaining a healthy weight, reducing alcohol intake, stopping smoking, and managing long-term health conditions. Health and care professionals play a vital role in embedding these messages into everyday practice and supporting population wellbeing.

A life-course approach that encourages brain health through education, social engagement, and cardiovascular care is essential, alongside efforts to tackle health inequalities and provide targeted support for underserved communities. Proactive, system-wide strategies that integrate dementia risk reduction into routine health promotion and chronic disease management can help create lasting impact across the lifespan.

- 2.2.1. Recognise the importance of early support in dementia, including timely diagnosis and planning to improve outcomes and quality of life, as well as the implications if assessment and treatment are delayed.
- 2.2.2. Be aware of the signs and symptoms that may indicate early cognitive changes, and understand the importance of timely referral, support and communication prior to a formal dementia diagnosis.
- 2.2.3. Understand motivational factors that may impact a person's ability to make changes to their lifestyle.
- 2.2.4. Be aware of the challenges to healthy living that may be experienced by different socioeconomic or underrepresented groups.
- 2.2.5. Be able to communicate messages about healthy living in ways that reflect individuals' needs and level of understanding.
- 2.2.6. Be able to signpost sources of health promotion information and support.
- 2.2.7. Be able to provide advice and supervision to staff on recognising and responding to delirium in dementia.
- 2.2.8. Be able to encourage behavioural change in people and organisations to promote health and wellbeing, reduce risk and potentially delay the onset and severity of certain types of dementia.

Subject 3: Dementia identification, assessment and diagnosis

Early and accurate dementia diagnosis is vital for timely access to care, support, treatment, and future planning. Specialist clinicians should stay informed about emerging diagnostic tools, such as biomarkers and neuroimaging, to enable precise subtyping and eligibility for disease-modifying treatments. Non-specialist staff also play a crucial role as they are often first to notice symptoms, provide compassionate support, and refer individuals to specialist services. Strengthening multidisciplinary teams and upskilling the wider workforce are key to improving diagnosis pathways and reducing delays.

- 3.2.1. Understand that not all mild cognitive impairments result in a positive dementia diagnosis.
- 3.2.2. Be aware of how to support people living with mild cognitive impairment, including understanding the condition, recognising early signs and symptoms, promoting independence, providing clear communication, and signposting to appropriate resources and services.
- 3.2.3. Be aware of cultural sensitivities and inequalities when discussing dementia with people.
- 3.2.4. Understand the process to be used to gain a clinical diagnosis and, where appropriate, the criteria used.
- 3.2.5. Understand the impact that misdiagnosis or delay in diagnosis of young-onset dementia has on younger people and their families, **carers** and supporters.
- 3.2.6. Be able to apply basic screening tools to support early recognition of delirium when it is within the scope of practice.
- 3.2.7. Be able to explain the need for an investigation of signs of dementia with sensitivity and in ways appropriate to the needs of people.
- 3.2.8. Understand the different types and stages of dementia and their primary symptoms, and when there is a need for further assessment.
- 3.2.9. Identify **common causes and risk factors** for delirium in people living with dementia.
- 3.2.10. Understand how to differentiate between dementia, delirium, depression and other conditions presenting with similar symptoms, and be aware that people can have dementia as well as any of these other conditions.
- 3.2.11. Be aware of the experiences of a person living with dementia and that of their family, **carers** and supporters, and communicate with sensitivity about the diagnosis of dementia and related implications.
- 3.2.12. Know how to support the person living with dementia in accessing post-diagnosis support services and advanced care planning.
- 3.2.13. Understand the needs of people with a learning disability, or who are neurodiverse, who are also living with dementia.

Subject 4: Person-led dementia care

Person-led dementia care puts the person at the centre of decisions about their own support, ensuring they have ownership, influence, and control over what matters most to them. This approach recognises the whole person including their history, strengths, interests, cultural identity and goals, rather than focusing solely on a diagnosis.

Carers and professionals play a vital role by listening, understanding, and acting on the person's wishes, whilst respecting values such as autonomy, dignity, equality, and human rights. Culturally competent practice is key to ensuring that care reflects a person's beliefs, language and traditions.

- 4.2.1. Understand how person-led care can provide insights into the experiences of the person living with dementia and support care approaches and solutions to meet individual needs.
- 4.2.2. Be able to support people living with dementia to maintain independence and autonomy for as long as they are able.
- 4.2.3. Recognise the strengths of people living with dementia and how they can collaborate in making decisions and plans even in advanced dementia care.
- 4.2.4. Be able to contribute to care plans that include delirium prevention and management strategies for people living with dementia.
- 4.2.5. Understand how person-led approaches can be implemented, including the use of advance planning and life-story work.
- 4.2.6. Be able to recognise the limitations of traditional older-adult care settings and the importance of environmental, cultural and social adaptations for people with young-onset dementia
- 4.2.7. Be able to collaborate with multidisciplinary teams, families and external agencies to implement practical and meaningful adjustments that reflect the person's stage of life and preferences.
- 4.2.8. Know how to **adapt the physical environment** to accommodate the evolving needs of people living with dementia.
- 4.2.9. Understand the reasonable adjustments needed to support people living with dementia and how to implement them.
- 4.2.10. Understand the need for, and importance of, clear documentation to communicate the needs and wishes of the person living with dementia.
- 4.2.11. Know how to balance nutritional needs and healthy eating guidance with personal and cultural food preferences, recognising that dietary requirements may differ for each person living with dementia.
- 4.2.12. Know the importance of coordinated and integrated health and care for people living with dementia, and how it supports continuity, safety and person-led approaches.
- 4.2.13. Understand the value of person-led care in shaping effective communication and relationships with people living with dementia.

Subject 5: Communication, interaction and behaviour in dementia care

Dementia is caused by different diseases, each presenting unique symptoms, so it is important that staff understand these variations and how to provide appropriate, personalised support. Communication can be significantly affected, with language skills changing and declining over time, making non-verbal cues such as body language, facial expressions and touch really important. Health and care professionals should be mindful of their own signals and adapt their communication to meet individual needs.

Distressed or unusual behaviour often reflects unmet needs or emotions, requiring empathy, patience and an understanding of underlying causes. Effective care also means recognising and respecting diverse backgrounds, identities, and cultural needs, ensuring that people living with dementia, their families, and carers feel heard, valued, and supported.

- 5.2.1. Know how to adapt the environment to minimise sensory difficulties experienced by a person living with dementia.
- 5.2.2. Know the importance of ensuring that people have the required support, including **sensory aids**, to enable successful communication and the role that a clean, pain-free mouth plays in speech.
- 5.2.3. Be able to communicate effectively with a person who is experiencing delirium, using person-centred approaches to reduce distress.
- 5.2.4. Know how life-story information and understanding a person's cultural and spiritual beliefs may enable or support more effective communication.
- 5.2.5. Understand the importance of effective communication with family, carers and supporters, and the expertise they can offer to support effective communication.
- 5.2.6. Understand how a person's feelings and perception can affect their behaviour.
- 5.2.7. Understand how the behaviour of others might affect a person living with dementia.
- 5.2.8. Be aware of the importance of **non-verbal communication**.
- 5.2.9. Understand triggers and common causes of **distressed behaviour** by people living with dementia.
- 5.2.10. Recognise that the behaviour of a person living with dementia is a form of communication and can help practitioners identify and respond to unmet needs.
- 5.2.11. Be able to recognise the impact of memory and language difficulties and adapt communication techniques according to the abilities and preferences of people living with dementia, including using active listening and ensuring the person's attention is gained before working with them.

	5.2.12. Be able to recognise distressed behaviour and provide a range of responses to comfort or reassure the person living with dementia. 5.2.13. Understand how to apply legal and ethical frameworks and professional judgement to navigate complex issues in dementia care. 5.2.14. Understand the importance of sharing accurate and relevant information with other services using a common language whilst adhering to relevant procedures and legislation. 5.2.15. Understand the role and use of digital and assistive technology in supporting communication for people living with dementia and their families, carers and supporters. 5.2.16. Be aware of strategies to support communication in different settings.
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Subject 6: Health and wellbeing in dementia care

Supporting people living with dementia to maintain physical health and psychological wellbeing involves addressing needs such as nutrition, hydration, physical activity, hygiene, pain management and mental health conditions such as anxiety or depression.

It requires understanding both medical and non-medical approaches, including appropriate medication use and psychosocial or therapeutic interventions. Mealtime experiences play an important role in promoting nutrition, hydration, and quality of life, and person-centred support combined with social engagement can enhance a person's enjoyment and wellbeing.

- 6.2.1. Understand how comorbid conditions impact the care and wellbeing of people living with dementia and adapt support accordingly.
- 6.2.2. Know where to find evidence-based resources on nutrition, speech and language, and when it is appropriate to refer to specialists.
- 6.2.3. Understand the additional care demands placed on families and unpaid **carers** of people living with dementia, including their responsibilities, the emotional strain on their wellbeing and the decision-making challenges that arise through the progression of the condition and at end of life.
- 6.2.4. Be aware of the role of therapeutic approaches, including sensory stimulation and other emerging non-pharmacological practice, in supporting the wellbeing of people living with dementia.
- 6.2.5. Know how to support people living with dementia to access local services and referral pathways, including voluntary and community resources, to promote overall mental and physical health and wellbeing.
- 6.2.6. Be aware of how delirium, depression and social stressors affect wellbeing and behaviour.
- 6.2.7. Understand the role of family, unpaid carers and supporters, as well as cultural and spiritual factors, in supporting the mental and physical health and wellbeing of people living with dementia.
- 6.2.8. Be aware of the benefits and limitations of medication to manage behavioural and psychological issues, including associated risks.
- 6.2.9. Know how to use pain-recognition tools to assess pain, including in people with communication challenges.
- 6.2.10. Be able to recognise and manage frailty in people living with dementia to ensure access to appropriate care and support.
- 6.2.11. Understand the complexity of ageing and comorbidity in people living with dementia.
- 6.2.12. Recognise the signs of dementia, depression and delirium and understand appropriate responses and treatment options.

Subject 7: Pharmacological approaches in dementia care

Medication may be prescribed for people living with dementia to manage symptoms or treat other health conditions however, its use must be guided by clinical best practice, considering potential side effects, contraindications, and ethical implications.

Treatment decisions should be person-centred, involve informed consent where possible, and be regularly reviewed, especially as new pharmacological options emerge. Safe administration is essential to avoid harm and support wellbeing, requiring professionals to monitor effects, identify adverse reactions, and adjust plans as needed. Collaboration across multidisciplinary teams, including pharmacy, primary care, mental health, and carers, is key to ensuring safe prescribing, reviewing, and deprescribing.

- 7.2.1. Understand and follow the medication recommendations in the NICE dementia guideline.
- 7.2.2. Know the key risks and benefits of commonly used antipsychotics, antidepressants, anxiolytics, anticonvulsants and cognitive-enhancing medications, and be aware of their impact on daily living, including side effects like dry mouth and taste changes.
- 7.2.3. Be aware of issues around polypharmacy for people living with dementia.
- 7.2.4. Be able to recognise the potential negative impact of medications.
- 7.2.5. Understand the importance of reviewing medication regularly and reducing their use, where appropriate, in consultation with the prescriber.
- 7.2.6. Be able to administer and review medication safely and appropriately in consultation with people living with dementia, their families, **carers**, multidisciplinary teams and others supporting the person.
- 7.2.7. Understand the range and appropriate use of medications for managing behavioural and psychological symptoms of dementia, including when they should and should not be used.
- 7.2.8. Understand contraindications for prescribing anxiolytics and antipsychotic medication.

Subject 8: Adjusting to living with dementia and promoting independence

People living with dementia, whether with young-onset, mild cognitive impairment, or a longer-term diagnosis, should be supported to engage in meaningful activities that promote joy, purpose, and wellbeing. This involves maintaining physical, cognitive, and social activity, guided by personalised care plans that reflect individual goals, strengths, and changing needs.

Support may include adapting home environments to enhance safety and independence, using assistive technologies and ensuring equitable access to activities regardless of the person's background. Promoting social connection through community participation, sustaining relationships, and creating opportunities for interaction helps reduce isolation and uphold dignity, identity and autonomy. Carers and families should be equipped with advice and tools to assist and digital platforms can further support engagement, particularly for those living alone or in rural areas.

- 8.2.1. Be able to support **environmental and psychosocial initiatives** to prevent or manage delirium.
- 8.2.2. Understand the distinct needs and challenges of people living with young-onset dementia, including the importance of age-appropriate advice and support.
- 8.2.3. Be able to support people living with young-onset dementia to engage in meaningful, age-appropriate activities that promote wellbeing, identity and social inclusion.
- 8.2.4. Be aware of the importance of dedicated spaces for younger people with dementia to meet others, create relationships and find peer support.
- 8.2.5. Know about community initiatives such as the development of dementia-inclusive environments.
- 8.2.6. Understand the role of family, unpaid **carers** and supporters in enabling people to adjust to living with dementia and advise and support them in encouraging safe and meaningful activities to promote wellbeing and autonomy.
- 8.2.7. Be able to develop strategies to support those living with dementia to reduce the struggle with unfamiliar environments.
- 8.2.8. Be aware of ways to **adapt the physical environment** to promote independence, privacy, orientation and safety.
- 8.2.9. Be able to contribute to the development of practices and services that meet the individual needs of people living with dementia.
- 8.2.10. Be able to lead on the introduction of assistive technology to support self-care and meaningful activity.
- 8.2.11. Understand barriers to digital access and literacy for people living with dementia and their families, **carers** and supporters, and help minimise these through inclusive support strategies.

Subject 9: Families, carers and supporters as partners in dementia care

Family members provide most of the care for people living with dementia, often taking on complex and sustained responsibilities that can lead to stress, burnout, and isolation. It is essential to recognise carers not only as care providers but as individuals with their own health and wellbeing needs, ensuring access to practical guidance, emotional support, respite services, and peer networks.

Support should reflect diverse circumstances and identities, including young carers, working carers, and those from ethnic minority communities whose access to resources may vary. Carers are key partners in delivering person-centred care and collaboration with professionals promotes shared decision-making and integrated planning. Equipping carers with training, resources, and support for transitions such as hospital discharge helps sustain their role and improve outcomes for everyone involved.

- 9.2.1. Understand the role of advocacy in promoting the rights, choices and wellbeing of people living with dementia, and how they, their families and their **carers** can access appropriate advocacy services.
- 9.2.2. Be able to support families, **carers** and supporters in understanding delirium and its impact on the person living with dementia.
- 9.2.3. Recognise the impact of dementia caregiving on family dynamics and relationships.
- 9.2.4. Understand the importance of recognising and assessing a carer or supporter's own needs, such as their need for respite care, in the context of their circumstances and identities.
- 9.2.5. Be aware of the complexity and diversity in family arrangements.
- 9.2.6. Be aware that the needs of family, **carers**, supporters and the person living with dementia may not always be the same.
- 9.2.7. Understand potential **sociocultural differences** in the perception of the caregiving role.
- 9.2.8. Be aware of the challenges and concerns faced by younger **carers**.
- 9.2.9. Be aware of the emotional impact of a young-onset dementia diagnosis on families, offering appropriate support and communication.
- 9.2.10. Demonstrate compassionate, effective and timely communication with care partners.
- 9.2.11. Be able to support family **carers** to access and use information and local support networks, including housing sectors, providers and services.
- 9.2.12. Be able to support family members in exploring care options and making informed decisions for people living with dementia, including future care needs such as transitions, crisis and end of life care, ensuring that these align with the person's wishes wherever possible.
- 9.2.13. Be able to contribute towards the development of practices and services that meet the needs of families and **carers**.

Subject 10: Equality, diversity, inclusion and human rights in dementia care

Dementia affects people of all ages and backgrounds, and experiences are shaped by cultural identity, community beliefs and individual circumstances. While often associated with older age, many people live with young-onset dementia which brings challenges related to employment, family responsibilities and social roles.

Other factors such as disability, gender, sexual orientation and neurodiversity can also influence access to support, requiring adapted approaches for timely diagnosis and care. Inclusive dementia care must respect each person's identity, lived experience, and socioeconomic context, embedding equality, diversity, and inclusion in every aspect of support.

- 10.2.1. Understand **intersectionality** in family arrangements and the local community.
- 10.2.2. Be able to adapt assessment and care planning, taking account of diversity and **intersectionality**.
- 10.2.3. Be aware of the prevalence and impact of younger-onset dementia on people.
- 10.2.4. Be aware of the impact of dementia on people with a learning disability or who are neurodivergent.
- 10.2.5. Be aware of **sociocultural differences** in the perception of the care giving role.
- 10.2.6. Be able to actively challenge any discriminatory practice that may compromise a person's right to dignity, respect and safety.
- 10.2.7. Be able to lead practice and an organisational culture that values and respects the diversity of people, their lifestyle, beliefs, culture, values and preferences, as well as their communication, processing or sensory needs, including those associated with neurodiversity.

Subject 11: Law, ethics and safeguarding in dementia care

Staff supporting people living with dementia must clearly understand their duty of care, particularly when individuals lack capacity to make decisions. This means acting in their best interests, balancing safety with independence, making decisions about treatment and consent and managing potential conflicts between the needs of the person and their carers.

People living with dementia are vulnerable to neglect and exploitation, so health and care staff must remain vigilant, confident in identifying concerns and prepared to speak up to protect those in their care.

- 11.2.1. Be able to demonstrate an understanding of when a capacity assessment is required and the significance of making decisions in a person's best interests.
- 11.2.2. Understand the options available when valid consent may be compromised.
- 11.2.3. Know the evidence-based approaches and techniques to assess neglect, abuse or self-neglect, including hoarding.
- 11.2.4. Understand the roles and responsibilities of the different agencies involved in inquiries when there have been allegations of neglect or abuse.
- 11.2.5. Understand the importance of sharing safeguarding information with the relevant agencies.
- 11.2.6. Understand key legislation relevant to mental capacity, safeguarding, deprivation of liberty, equality and human rights.
- 11.2.7. Understand restrictive practices, including what it means, and the importance and impact of seeking the least restrictive option for people living with dementia.

Subject 12: End of life dementia care

Maintaining hydration and oral comfort is important, alongside emotional support for family members before and after bereavement. High-quality palliative care delivered by trained health and social care professionals, combined with personalised planning from diagnosis, helps uphold dignity and enables people to pass in their preferred place with appropriate support.

A separate and more detailed framework - the 'End of Life Care Core Capability Framework' - can be used to supplement this section.

- 12.2.1. Understand the use of end of life care pathways and individualised care plans, considering psychosocial and sensory comfort approaches.
- 12.2.2. Contribute to compassionate end of life care planning for people with advanced dementia, ensuring their dignity and comfort, as well as culturally sensitive and faith-informed care.
- 12.2.3. Monitor and support physical health needs in advanced dementia, including nutrition, hydration, pain management and mobility.
- 12.2.4. Understand how advance decisions and best interest decisions will affect caring activities.
- 12.2.5. Be able to identify symptoms associated with end of life and how these symptoms can be managed with care and compassion.
- 12.2.6. Understand the unique challenges faced by younger people at end of life, including issues of identity, autonomy, relationships and future loss.
- 12.2.7. Be able to work collaboratively with people, families, carers and multidisciplinary teams to develop advanced care plans that reflect the young person's values and goals.
- 12.2.8. Be able to recognise the signs and emotional impact of anticipatory grief in families and carers and respond with empathy and provision of appropriate support.
- 12.2.9. Support families and carers through the emotional and practical aspects of advanced dementia and end of life care, including decision making where appropriate.
- 12.2.10. Be able to support family and friends in celebrating the life of the person who has died.
- 12.2.11. Be able to demonstrate awareness of the diverse cultural and religious practices related to death, care of the dying and the deceased person, and how to behave in each circumstance.
- 12.2.12. Be able to contribute to the development of compassionate and responsive practices and services that support the end of life needs of people living with dementia.

Subject 13: Research and evidence-based practice in dementia care

The development of dementia services and treatments relies on ongoing research and evidence-based practice, including evaluating the effectiveness of care approaches. When people living with dementia take part in research, their involvement must be guided by strong ethical principles and handled with sensitivity and respect. Expanding access to research opportunities and equipping health and care staff with the skills to lead studies ensures research reflects real-world experiences and delivers outcomes that matter most to people with dementia and their carers.

- 13.2.1. Be able to identify reliable sources of further reading and research to deepen understanding and inform best practice in dementia care.
- 13.2.2. Be able to participate in service evaluation and research in the workplace.
- 13.2.3. Understand how to involve people living with dementia in service evaluation and research.

Subject 14: Leadership in transforming dementia care

Leaders and senior managers play a critical role in shaping dementia care by setting strategic direction, sharing best practice and motivating staff to achieve service goals.

They must have a strong understanding of policy, regulation and emerging innovations while adopting a workplace culture that prioritises person-centred values, continuous learning and compassionate care.

Effective leadership embeds training into practice, sustains long-term impact and promotes collaboration across sectors to deliver integrated services that meet the complex needs of people living with dementia and their families.

- 14.2.1. Understand the key influences such as policies, frameworks and national priorities that guide dementia strategy and service development.
- 14.2.2. Understand the importance of demonstrating leadership in delivering compassionate, person-centred care.
- 14.2.3. Understand the importance of quality assurance and service improvement.
- 14.2.4. Know how to ensure team members are suitably qualified, competent, skilled and experienced to meet the needs of people living with dementia.
- 14.2.5. Understand the roles and responsibilities of different agencies involved in dementia care.

Tier 3 - Applicable to senior and specialist practitioners

Builds on tier 2 to provide a more expert knowledge level for those in senior and specialist roles working with people living with dementia.

Subject	Learning outcomes The learner will:
Subject 1: Dementia awareness With a growing and ageing population, the number of people in the UK living with, or at risk of dementia continues to rise, making dementia care a national priority. Dementia awareness remains essential across the entire health and social care workforce, including those in non-clinical and community-facing roles. Ensuring all staff have a core understanding of dementia, cultural competence and the ability to respond with empathy, helps to create inclusive, person-centred environments and better outcomes for people living with dementia and their carers. Incorporating dementia awareness into induction and refresher training will keep workforce knowledge current and responsive to evolving care needs.	No additional learning at tier 3.

Subject 2: Dementia: early intervention and prevention

Many types of dementia are linked to modifiable lifestyle factors such as smoking, poor diet, physical inactivity, social isolation and excessive alcohol use.

Prevention begins with promoting healthy lifestyles across all age groups, including staying physically active, eating a balanced diet, maintaining a healthy weight, reducing alcohol intake, stopping smoking, and managing long-term health conditions. Health and care professionals play a vital role in embedding these messages into everyday practice and supporting population wellbeing.

A life-course approach that encourages brain health through education, social engagement, and cardiovascular care is essential, alongside efforts to tackle health inequalities and provide targeted support for underserved communities. Proactive, system-wide strategies that integrate dementia risk reduction into routine health promotion and chronic disease management can help create lasting impact across the lifespan.

- 2.3.1. Be aware of evidence-based research on reducing dementia risk and of national health promotion strategies.
- 2.3.2. Understand the importance of approaches to risk reduction that challenge myths and stigmas.
- 2.3.3. Be able to develop and share health promotion information and advice in formats that are accessible to everyone.
- 2.3.4. Be able to monitor, evaluate and improve the effectiveness of health promotion activities.

Subject 3: Dementia identification, assessment and diagnosis

Early and accurate dementia diagnosis is vital for timely access to care, support, treatment, and future planning. Specialist clinicians should stay informed about emerging diagnostic tools, such as biomarkers and neuroimaging, to enable precise subtyping and eligibility for disease-modifying treatments. Non-specialist staff also play a crucial role as they are often first to notice symptoms, provide compassionate support, and refer individuals to specialist services. Strengthening multidisciplinary teams and upskilling the wider workforce are key to improving diagnosis pathways and reducing delays.

- 3.3.1. Demonstrate an understanding of the potential impact of **diagnostic overshadowing** and errors.
- 3.3.2. Understand the importance of equal access to dementia assessment and diagnosis for people from diverse communities and cultures.
- 3.3.3. Be aware of the latest developments in pharmacological treatments for dementia and explain the clinical and procedural criteria people must meet to access them.
- 3.3.4. Be able to refer people for a clinical assessment for dementia when this is outside your scope of practice.
- 3.3.5. Be able to undertake a comprehensive assessment for dementia, with appropriate investigations and tools, when this is within the scope of practice.
- 3.3.6. Be able to lead actions on findings in partnership with people living with dementia and multi-disciplinary teams.
- 3.3.7. Be able to document assessment and diagnosis decisions with clarity, accuracy and professional accountability.
- 3.3.8. Be aware of, and understand, emerging tools to support biological diagnosis, including biomarkers and imaging techniques.

Subject 4: Person-led dementia care

Person-led dementia care puts the person at the centre of decisions about their own support, ensuring they have ownership, influence, and control over what matters most to them. This approach recognises the whole person including their history, strengths, interests, cultural identity and goals. rather than focusing solely on a diagnosis.

Carers and professionals play a vital role by listening, understanding, and acting on the person's wishes, whilst respecting values such as autonomy, dignity, equality, and human rights. Culturally competent practice is key to ensuring that care reflects a person's beliefs, language and traditions.

- 4.3.1. Be able to consult and involve people living with dementia, family, **carers** and supporters in service design through co-production.
- 4.3.2. Know how leadership supports integrated health and social care planning to deliver coordinated, person-led services.
- 4.3.3. Understand and apply person-led approaches in the management and development of services.
- 4.3.4. Demonstrate leadership in person-led care by empowering staff and building a culture of values, trust and shared decision making.
- 4.3.5. Apply person-led approaches to build effective communication and relationships with people living with dementia, recognising and responding to their unique needs, preferences and experiences.

Subject 5: Communication, interaction and behaviour in dementia care

Dementia is caused by different diseases, each presenting unique symptoms, so it is important that staff understand these variations and how to provide appropriate, personalised support. Communication can be significantly affected, with language skills changing and declining over time, making non-verbal cues such as body language, facial expressions and touch really important. Health and care professionals should be mindful of their own signals and adapt their communication to meet individual needs.

Distressed or unusual behaviour often reflects unmet needs or emotions, requiring empathy, patience and an understanding of underlying causes. Effective care also means recognising and respecting diverse backgrounds, identities, and cultural needs, ensuring that people living with dementia, their families, and carers feel heard, valued, and supported.

- 5.3.1. Be able to demonstrate an understanding of effective collaboration across the health and social care system.
- 5.3.2. Recognise and respond to complex communication challenges when supporting people living with dementia.
- 5.3.3. Be able to contribute to the development of practices and services that meet the communication needs of people living with dementia.
- 5.3.4. Manage and facilitate difficult conversations with families and **carers** in the context of dementia care, with sensitivity, empathy and professionalism.

Subject 6: Health and wellbeing in dementia care

Supporting people living with dementia to maintain physical health and psychological wellbeing involves addressing needs such as nutrition, hydration, physical activity, hygiene, pain management and mental health conditions such as anxiety or depression.

It requires understanding both medical and non-medical approaches, including appropriate medication use and psychosocial or therapeutic interventions. Mealtime experiences play an important role in promoting nutrition, hydration, and quality of life, and person-centred support combined with social engagement can enhance a person's enjoyment and wellbeing.

- 6.3.1. Be able to interpret the evidence for the effectiveness of different psychosocial approaches in different situations.
- 6.3.2. Understand the principles and key aspects of psychosocial approaches used to enhance the wellbeing of people living with dementia.
- 6.3.3. Be aware of new and emerging knowledge of psychosocial approaches that can be used to enhance the wellbeing of people living with dementia.
- 6.3.4. Be able to monitor and manage physical comorbidities in people living with dementia to support overall health and wellbeing.
- 6.3.5. Reflect upon the benefits and implications of emerging pharmacological practice that may enhance memory.
- 6.3.6. Be able to recognise the importance of supporting the health and wellbeing of family, **carers** and supporters, including signposting to appropriate resources and services.

Subject 7: Pharmacological approaches in dementia care

Medication may be prescribed for people living with dementia to manage symptoms or treat other health conditions however, its use must be guided by clinical best practice, considering potential side effects, contraindications, and ethical implications.

Treatment decisions should be person-centred, involve informed consent where possible, and be regularly reviewed, especially as new pharmacological options emerge. Safe administration is essential to avoid harm and support wellbeing, requiring professionals to monitor effects, identify adverse reactions, and adjust plans as needed. Collaboration across multidisciplinary teams, including pharmacy, primary care, mental health, and carers, is key to ensuring safe prescribing, reviewing, and deprescribing.

- 7.3.1. Understand the range of cognitive enhancers, what they do, criteria for eligibility and sources of guidance.
- 7.3.2. Understand processes for assessing and prescribing cognitive enhancers.
- 7.3.3. Understand the ethical issues around drug treatments in the care of people living with dementia.
- 7.3.4. Analyse common medications used to treat physical health conditions in people living with dementia, including potential interactions with cognitive enhancers and behavioural treatments.
- 7.3.5. Understand how to assess pain experienced by people living with dementia and prescribing practice to address pain effectively.
- 7.3.6. Be aware of new and emerging knowledge of pharmacological practice that can be used to enhance the wellbeing of people living with dementia and slow the disease.

Subject 8: Adjusting to living with dementia and promoting independence

People living with dementia, whether with young-onset, mild cognitive impairment, or a longer-term diagnosis, should be supported to engage in meaningful activities that promote joy, purpose, and wellbeing. This involves maintaining physical, cognitive, and social activity, guided by personalised care plans that reflect individual goals, strengths, and changing needs.

Support may include adapting home environments to enhance safety and independence, using assistive technologies and ensuring equitable access to activities regardless of the person's background. Promoting social connection through community participation, sustaining relationships, and creating opportunities for interaction helps reduce isolation and uphold dignity, identity and autonomy. Carers and families should be equipped with advice and tools to assist and digital platforms can further support engagement, particularly for those living alone or in rural areas.

- 8.3.1. Understand the principles, processes and options for self-directed support.
- 8.3.2. Be able to support the person living with dementia and their family to access self-directed support, if desired.
- 8.3.3. Be able to provide dementia-specific advice and guidance on adapting the physical and social environment to ensure physical safety and emotional security.
- 8.3.4. Be aware of housing sectors, providers and services, and be able to work in partnership with appropriate providers to deliver required outcomes.

Subject 9: Families, carers and supporters as partners in dementia care

Family members provide most of the care for people living with dementia, often taking on complex and sustained responsibilities that can lead to stress, burnout, and isolation. It is essential to recognise carers not only as care providers but as individuals with their own health and wellbeing needs, ensuring access to practical guidance, emotional support, respite services, and peer networks.

Support should reflect diverse circumstances and identities, including young carers, working carers, and those from ethnic minority communities whose access to resources may vary. Carers are key partners in delivering person-centred care and collaboration with professionals promotes shared decision-making and integrated planning. Equipping carers with training, resources, and support for transitions such as hospital discharge helps sustain their role and improve outcomes for everyone involved.

- 9.3.1. Understand methods to assess a family member, carer or supporter's psychological and practical needs and the relevant support available.
- 9.3.2. Be able to initiate approaches or strategies, should dilemmas or conflict arise where there are differing needs between people living with dementia, their family, carers or supporters.
- 9.3.3. Understand the role of **personalisation** in care.

Subject 10: Equality, diversity, inclusion and human rights in dementia care

Dementia affects people of all ages and backgrounds, and experiences are shaped by cultural identity, community beliefs and individual circumstances. While often associated with older age, many people live with young-onset dementia which brings challenges related to employment, family responsibilities and social roles.

Other factors such as disability, gender, sexual orientation and neurodiversity can also influence access to support, requiring adapted approaches for timely diagnosis and care. Inclusive dementia care must respect each person's identity, lived experience, and socioeconomic context, embedding equality, diversity, and inclusion in every aspect of support.

No additional learning at tier 3.

Subject 11: Law, ethics and safeguarding in dementia care

Staff supporting people living with dementia must clearly understand their duty of care, particularly when individuals lack capacity to make decisions. This means acting in their best interests, balancing safety with independence, making decisions about treatment and consent and managing potential conflicts between the needs of the person and their carers.

People living with dementia are vulnerable to neglect and exploitation, so health and care staff must remain vigilant, confident in identifying concerns and prepared to speak up to protect those in their care.

11.3.1. Know the actions to take if there are barriers to alerting the relevant agencies.

11.3.2. Be able to evaluate ethical dilemmas and make informed decisions that balance autonomy, protection and professional accountability.

Subject 12: End of life dementia care

Maintaining hydration and oral comfort is important, alongside emotional support for family members before and after bereavement. High-quality palliative care delivered by trained health and social care professionals, combined with personalised planning from diagnosis, helps uphold dignity and enables people to pass in their preferred place with appropriate support.

A separate and more detailed framework - the 'End of Life Care Core Capability Framework' - can be used to supplement this section.

- 12.3.1. Understand the decision-making processes and the key individuals who should be involved in recognising when a person with dementia is approaching end of life.
- 12.3.2. Be able to provide compassionate, dementia-specific advice and guidance to support high-quality, end of life care.
- 12.3.3. Be able to support staff experiencing bereavement following a person's death.

Subject 13: Research and evidence-based practice in dementia care

The development of dementia services and treatments relies on ongoing research and evidence-based practice, including evaluating the effectiveness of care approaches. When people living with dementia take part in research, their involvement must be guided by strong ethical principles and handled with sensitivity and respect. Expanding access to research opportunities and equipping health and care staff with the skills to lead studies ensures research reflects real-world experiences and delivers outcomes that matter most to people with dementia and their carers.

- 13.3.1. Understand the difference between service evaluation and research.
- 13.3.2. Understand systematic research methods to facilitate evidence-based practice.
- 13.3.3. Understand the range of evidence that informs decision making, care practice and service delivery.
- 13.3.4. Be able to apply relevant research findings to inform and enhance professional practice, ensuring evidence-based approaches are embedded in care and service delivery.
- 13.3.5. Understand approaches to evaluating services and measuring impact, including the use of outcomes reported by people living with dementia.
- 13.3.6. Understand the ethical issues related to conducting research with people who have a cognitive impairment.
- 13.3.7. Be able to disseminate research findings clearly and accurately in written reports or verbal presentations, including for audiences of non-specialist stakeholders and people with lived experience.
- 13.3.8. Understand the importance of continuing professional development to ensure the methods used are robust, valid and reliable.

Subject 14: Leadership in transforming dementia care

Leaders and senior managers play a critical role in shaping dementia care by setting strategic direction, sharing best practice and motivating staff to achieve service goals.

They must have a strong understanding of policy, regulation and emerging innovations while adopting a workplace culture that prioritises person-centred values, continuous learning and compassionate care.

Effective leadership embeds training into practice, sustains long-term impact and promotes collaboration across sectors to deliver integrated services that meet the complex needs of people living with dementia and their families.

- 14.3.1. Be aware of evidence-based research, innovations and developments in dementia practice and care.
- 14.3.2. Be able to disseminate and promote new and evidence-based practice and to challenge poor practice.
- 14.3.3. Be able to plan care to promote the use of appropriate, specific and emerging evidence-based practice.
- 14.3.4. Understand the importance of collaborative working in the provision of support, care and services for people living with dementia, their families, **carers** and supporters.
- 14.3.5. Be able to drive continuous improvement in service delivery through evidence-based practice and innovation.
- 14.3.6. Be able to develop, motivate and empower teams to deliver person-centred dementia care.
- 14.3.7. Be able to put proactive support measures and strategies in place to recognise signs of emotional and physical strain in self and colleagues.
- 14.3.8. Be able to promote reflective practice and peer support to maintain wellbeing and professional effectiveness in staff.

Appendix 1: Sources of further guidance and information

Further guidance and information can be found using the links below.

- [Age UK](#)
- [Alzheimer's Society](#)
- [Alzheimer's Research UK](#)
- [British Institute of Learning Disabilities \(BILD\)](#)
- [Care Fit for VIPS](#)
- [Carers UK](#)
- [Care Act 2014](#)
- [Dementia Day to Day](#)
- [Dementia UK](#)
- [Department of Health and Social Care](#)
- [Dementia Carers Count](#)
- [Dementia Partnerships](#)
- [Higher Education for Dementia Network \(HEDN\)](#)
- [Mental Capacity Act 2005](#)
- [NHS England: workforce, training and education](#)
- [NHS England](#)
- [National Development Team for Inclusion \(NDTI\)](#)
- [National Institute for Health and Care Excellence \(NICE\)](#)
- [Skills for Care](#)
- [Social Care Institute for Excellence \(SCIE\)](#)

Appendix 2: Glossary/guidance of terms used

The table below provides a glossary of terms used in the framework and more information or guidance on the types of evidence you may wish to gather from learners to support their development.

Term (listed in alphabetical order)	Further information
Advance decisions	Advance decisions are written statements made by a person while a person still has mental capacity, explaining what medical treatments they do not want in the future if they become unable to make decisions.
Broader physical needs	These might include but are not limited to: ■ hydration ■ reduced appetite.
Carers	The term ‘carer’ can refer to family carer, unpaid carer or paid professionals
Common causes and risk factors	Common causes and risk factors include but are not limited to: ■ infection ■ dehydration ■ medication.
Day-to-day closeness with others	This includes but is not limited to areas such as sharing thoughts and feelings.
Diagnostic overshadowing	Diagnostic overshadowing is when a healthcare professional assumes that a person’s symptoms are caused by an existing condition (like a learning disability or mental health issue) and overlooks other possible causes.

Different settings (As used in learning outcome 5.2.16)	Different settings may include remote or virtual consultation.
Distressed behaviour	Common causes include but are not limited to: ■ unmet physical needs (pain, discomfort, hunger, thirst and fatigue) ■ environmental triggers (unfamiliar surroundings, lack of routine, noise and overstimulation) ■ emotional and psychological factors (confusion, fear and anxiety) ■ social isolation (lack of meaningful activities) ■ cognitive changes (delusions, hallucinations and sundowning – increased agitation in the late afternoon or evening).
Environmental and psychosocial initiatives	These include but are not limited to: ■ orientation ■ aids ■ hydration ■ sleep hygiene.
How to adapt the physical environment	This includes a range of measures depending on the needs of the person and the individual situation, including but not limited to: ■ improved lighting so that there are not perceptual issues ■ reducing noise to reduce stress ■ using signage to improve continence ■ reducing the risk of falls. Also see reference to Patient-Led Assessments of the Care Environment (PLACE) – NHS England Digital.
Initiating alerts	Local systems may include but not be limited to: ■ employer/organisational policies and procedures ■ multi-agency adult protection arrangements for a locality.

Intersectionality	This term might include areas such as cultural diversity, disabilities, gender and sexual orientation.
Key legislation	Key legislation might include but is not limited to: ■ Mental Capacity Act 2005 (including Deprivation of Liberty safeguards 2009) ■ Human Rights Act 1998 ■ Equality Act 2010 ■ Mental Health Act 1983 (As amended) ■ Health and Social Care Act 2012 ■ Care Act 2014 – principles, including but not limited to the six principles of safeguarding embedded within the Care Act 2014: empowerment, prevention, proportionality, protection, partnership and accountability.
Learning outcomes	The learning outcomes in this framework 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 Taxonomy: ■ Knowledge: Remember previously learned information. ■ Comprehension: Demonstrate understanding. ■ 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.

Legal and ethical frameworks	These could include but are not limited to: ■ Health and Care Act 2022 ■ Mental Health Act 1983 (As amended) ■ Mental Capacity Act 2005 ■ Care Act 2014 ■ Human Rights Act 1988
Non-verbal communication	Non-verbal communication covers areas including but not limited to: ■ body language ■ visual images ■ the appropriate use of touch.
Physical health needs	These include but are not limited to preventing: ■ fatigue ■ falls ■ dehydration ■ hunger ■ malnutrition.
Safeguarding concerns	Common safeguarding concerns include but are not limited to: ■ physical, emotional or financial abuse ■ neglect or failure to meet basic needs ■ discriminatory practices ■ breaches of dignity and respect.

Sensory aids	Communication aids include but are not limited to: ■ dentures ■ spectacles ■ hearing aids ■ magnifiers ■ signs, symbols and pictures ■ objects of reference ■ communication boards ■ Makaton ■ British Sign Language ■ Braille ■ assistive technologies: technologies that support, assist and enable people to communicate using alternative means and could include a range of software such as light writers, eye gaze devices, voice recognition, speech synthesizers and symbol-making software ■ other technologies, including alerting devices, virtual assistants, sensors and hearing loops ■ artificial intelligence ■ digital communication tools and virtual communications platforms, e.g. a PC, tablet, telephone/text and smartphone/watch, and which encompass a range of technical platforms such as online services, monitoring platforms, forums, video calling, email, social media and chatbots.
Signpost carers for further support around legal issues (As used in learning outcome 9.3.1)	This might include but is not limited to lasting power of attorney and legal issues connected with housing, such as tenancy rights.
Sociocultural differences	This term refers to the variations in social and cultural norms, values, beliefs, practices and behaviours among different groups of people. These differences can arise due to factors such as nationality, ethnicity, religion, language, gender, age, socioeconomic status and historical background.
The role of personalisation in care	This may include but is not limited to areas such as the impact of access to personal budgets, individualised care planning, respecting identity, promoting independence, and supporting cultural and spiritual needs.

Appendix 3: Related standards and frameworks

Core skills frameworks

Skills for Care, Skills for Health and NHSE have developed a number of core skills frameworks that set out expected learning outcomes and related guidance for delivery of education and training. The aim is to help ensure the quality and consistency of such training, and to help prevent unnecessary duplication of training. In addition to this 'Dementia Training Standards Framework', other frameworks are available that include areas such as:

- statutory/mandatory training
- clinical/care
- learning disabilities
- mental health
- end of life care
- person-centred approaches
- musculoskeletal
- frailty.

Further information is available from the [Core Skills Training Framework webpage](#).

Care Certificate standards

Following the Francis Inquiry, Camilla Cavendish was commissioned to review the recruitment, training and support of healthcare assistants and social care support workers. Her 2013 report highlighted inconsistent preparation and recommended the creation of the Care Certificate. Now a core part of induction for staff who interact with patients and people drawing on care and support, the Care Certificate was significantly updated in 2025 to reflect modern care practices, including digital skills, inclusive language and autism awareness.

Skills for Care, Skills for Health and NHS England worked together to review and update the Care Certificate documents that were formally launched in April 2025. Further information about the Care Certificate is available from [Skills for Care](#) and [Skills for Health](#).

HEDN: A curriculum for UK dementia education

The [Higher Education Dementia Network \(HEDN\)](#) is a UK-wide forum for university staff involved in dementia education. To support improved professional learning, it developed the Curriculum for Dementia Education (CfDE), guiding higher education providers on key content for pre-registration and post-qualifying courses.

Care Workforce Pathway – adult social care

The Care Workforce Pathway is a comprehensive framework designed to clearly define careers in adult social care, detailing the knowledge, skills, values and behaviours essential for delivering high-quality, personalised care and support. Further information can be found from Skills for Care's [The Care Workforce Pathway webpage](#).

Appendix 4: Suggested standards for training delivery

Employing organisations should ensure that learning facilitators possess the necessary experience and qualifications to deliver learning to a consistently high standard. For guidance, this may include the following:

- a comprehensive and up-to-date understanding of the relevant subject matter
- experience of teaching and learning, including the ability to meet the competences expected for the following National Occupational Standards:
 - LSILADD04 Plan and prepare specific learning and development opportunities
 - LSILD02 Facilitate effective learning.

The organisation should also establish a robust quality assurance mechanism to ensure both the accuracy of the content and the effectiveness of its delivery. This mechanism should include regular review processes and be subject to periodic observation.

Where e-learning is used, the organisation must ensure that the content is accurate and addresses the required learning outcomes

Education providers should promote a multidisciplinary working approach in their dementia care courses to include the housing perspective.

The Alzheimer's Society has commissioned a research study that explores the current landscape of dementia education and training among the adult social care workforce in England, Wales and Northern Ireland. Academic experts at Leeds Beckett University are conducting this study in partnership with IFF Research on behalf of the Alzheimer's Society.

The study will identify the current levels of dementia training across the three nations, the quality of this training and staff attitudes towards, and knowledge of, dementia. This will culminate in three policy reports (one for each nation) that will draw all the evidence/research together, setting out costed recommendations for how we can improve the quality/uptake of dementia training across the board.

Findings were published in Spring 2026.

Appendix 5: Proposed frequency of refresher learning 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 learning will be indicated if staff members change roles, if there is a change in relevant legislation, national guidelines or organisational protocols, or when 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 learning.

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 learning and any associated assessments required.

Appendix 6: General references

In addition to the broader framework, the following resources and references are available to support further reading and professional development.

Legislation

- [Health and Care Act 2022](#)
- [Mental Health Act 1983 \(As amended\)](#)
- [Mental Capacity Act 2005](#)
- [Care Act 2014](#)
- [Human Rights Act 1988](#)
- [Equality Act](#)

- Age UK – [Sex in later life](#)
- Ageing and Dementia Research Centre, Bournemouth University - [Eating and drinking well: supporting people living with dementia.](#)
- Alzheimer's Research UK (2024) - [Addressing 14 health and lifestyle factors could prevent nearly half of global dementia cases.](#)
- Alzheimer's Society (2024) - [Because we're human too](#)
- Alzheimer's Society - [Consenting to sex and intimacy after a dementia diagnosis](#)
- Alzheimer's Society (2021) - [The dementia guide: Living well after your diagnosis](#)
- Alzheimer's Society (2015) - [Women and dementia: A marginalised majority.](#)
- Association of UK Dieticians (2024) - [Dementia and diet.](#)
- Blackhall A, Hawkes D, Hingley D and Wood S (2011) - [Nursing Standard, VERA Framework: communicating with people who have dementia.](#)
- Brooker D, Lillyman S and Bruce M (2022) - Nursing & Health Dementia Care Survival Guide, 2nd ed. Routledge, London.
- Brooker D (2007) - Person-centred dementia care making services better. Jessica Kingsley Publishers, London.
- Care Quality Commission (2025) - [CQC shines a light on the challenges that people with dementia face.](#)
- Cavendish C (2013), Department of Health, London. [The Cavendish Review: an independent review into healthcare assistants and support workers in the NHS and social care settings.](#)
- Dementia UK (2012) - [Dementia specialist: Admiral Nurses Standards.](#)
- Dementia UK Sex (2026) - [Sex, intimacy and dementia.](#)
- Dementia Relationships (2024) - [Training module: Units 1, 2 and 3 \(Northern Ireland\)](#)
- Department of Health and Social Care (2025) - [Care and support statutory guidance](#)
- Department of Health and Social Care (2025) - [Fit for the future: 10 Year Health Plan for England.](#)
- Department of Health and Social Care (2016) - [Making a Difference in Dementia: Nursing Vision and Strategy \(refreshed edition\)](#)

- Department of Health and Social Care (2010) - [Quality outcomes for people with dementia: building on the work of the National Dementia Strategy](#)
- Department of Health and Social Care (2010) - [Recognised, valued and supported: Next steps for the Carers Strategy](#)
- International longevity centre (2017) - [How long will I love you? Sex and intimacy in later life](#)
- NAPA - [Book List](#)
- National Audit of Dementia (2024) - [Care in General Hospitals 2023–24: Round 6 Audit Report](#)
- NHS (2023) - [Appropriate prescribing of antipsychotic medication in dementia](#)
- NHS England (2025) - [Neighbourhood health guidelines 2025/26](#)
- NICE - [All NICE products on dementia, includes guidance and quality standards](#)
- NICE (2018) - [Individual research recommendation details. Source guidance details: Dementia: assessment, management and support for people living with dementia and their carers](#)
- NICE (2018) - [Dementia: assessment, management and support for people living with dementia and their carers \(NG97\)](#)
- Office for Health Improvement and Disparities (2022) - [Dementia: applying All our Health](#)
- Public Health England (2021) - [Health matters: midlife approaches to reduce dementia risk](#)
- Rethink Advocacy - [Older people and people with dementia](#)
- Skills for Care (2025) - [Care Certificate standards](#)
- Skills for Care - [LGBTQ+ learning framework: \[skillsforcare.org.uk/Developing-your-workforce/Care-topics/Equality-diversity-and-inclusivity/LGBTQ-learning-framework.aspx\]\(https://skillsforcare.org.uk/Developing-your-workforce/Care-topics/Equality-diversity-and-inclusivity/LGBTQ-learning-framework.aspx\)](#)
- Skills for Care - [Supporting personal relationships](#)
- Skills for Care - [Dementia Resources](#)
- Social Care Institute for Excellence - [Caring for those with dementia](#)
- Social Care Institute for Excellence (2022) - [What are Liberty Protection Safeguards?](#)
- The British Psychological Society (2024) - [First line psychosocial alternatives to psychotropic medication for behaviours that challenge in dementia care](#)
- University of Sheffield (2024) - [Love has no age limit: Sexual Rights Charter helps to fill training gap to tackle age discrimination in sex and relationships in care homes](#)