



## REGISTERED NATIONAL STANDARD

### UNIT OF COMPETENCY

<b>Title:</b>	Provide support to people living with dementia		
<b>TQF Level:</b>	2	<b>Credits:</b>	6
<b>Version:</b>	2		
<b>National standard code:</b>	NS059-02		
<b>Associated qualification (and code):</b>	National Certificate in Aged Community Care Level 2 (QRR-02-NQ-014-01-0915-26-02)		
<b>Approval date:</b>	17 <sup>th</sup> June 2026	<b>Review date:</b>	17 <sup>th</sup> June 2031
<b>Purpose:</b>	<p>This unit describes the skills and knowledge required to provide person-centred care and support to people living with dementia</p> <p>Persons credited with this unit are able to:</p> <ol style="list-style-type: none"> <li>1. Identify signs of dementia in a client</li> <li>2. Identify different manifestations of dementia</li> <li>3. Describe what happens to the brain when a person gets dementia</li> <li>4. Recognise common symptoms of dementia</li> <li>5. Identify strategies which minimise the impact of behaviours of concern</li> <li>6. Identify strategies that can assist to communicate with a person who has dementia</li> <li>7. Identify documentation and reporting requirements when caring for a client with dementia</li> </ol>		

<b>Learning Outcome 1 (LO1)</b>	<b>Recognise signs consistent with Dementia</b>
<b>Performance standards</b>	<p>1.1 Explain the meaning of dementia</p> <p>1.2 Describe the different manifestations of dementia <i>[Range may include but not limited to: Alzheimer’s disease, vascular, lewy bodies, Huntington’s disease, younger onset dementia, excessive alcohol intake or Korsakov Syndrome]</i></p> <p>1.3 Describe common indicators or symptoms of dementia <i>[Range may include but not limited to: frequent memory loss, problems with judgement, confusion over time and place, difficulty solving problems, difficulty controlling emotions, inability to perform everyday tasks]</i></p> <p>1.4 Describe what happens to the brain when a person develops dementia <i>[Range may include but not limited to: information on amyloid plaques, neurofibrillary tangles, loss of connection between cells and cell death and shrinkage of the brain.]</i></p>
<b>Learning Outcome 2 (LO2)</b>	<b>Identify strategies which minimise the impact of behaviours of concern</b>
<b>Performance Standards</b>	<p>2.1 Describe behaviours of concern. <i>[Range may include but not limited to; wandering, hoarding, aggression, over-reacting, repetitive behaviour, hallucinations, screaming]</i></p> <p>2.2 Describe potential triggers to behaviours of concern. <i>[Range may include but not limited to: person is in pain and unable to tell you, thirsty, needs to go to the toilet, unmet need, changes in he person’s health, change in environment, they may feel unwell, are uncomfortable completing the activity, feel lost, confused, stressed]</i></p> <p>2.3 Describe strategies that may assist during behaviours of concern from clients <i>[Range may include but not limited to: Offer distraction, don’t use a raised voice, speak calmly, use validation therapy, reminiscence, show empathy, reduce background noise]</i></p>

	2.4 Explain why selected strategies may work to minimise the impact of behaviours of concern.
<b>Learning Outcome 3 (LO3)</b>	Identify strategies that can assist to communicate with a person who has dementia
<b>Performance standards</b>	<p>3.1 Identify verbal and non-verbal communication strategies to maximise engagement of the person with dementia.</p> <p><i>[Range may include but not limited to; reassuring words, empathy, acknowledgement, allowing expressions of distress, not asking too many things at once, talking slowly, touching and holding their hand, smiling, demonstrating]</i></p> <p>3.2 Explain how to use reality orientation when communicating</p> <p><i>[Range may include but not limited to; it is a communication strategy that involves reminding a person with dementia of the day and time/here and now; requires the use of reassurance to lessen fear and anxiety]</i></p> <p>3.3 Explain how to use validation as a communication strategy.</p> <p><i>[Range may include but not limited to; accepting and acknowledging the person's feelings. Accepting that their reality is real to them, use empathy to enter their world rather than correcting the person]</i></p> <p>3.4 Identify how to use reminiscence with a person who has dementia</p> <p><i>[Range may include but not limited to; is a way of reviewing past events It can also be a means of distraction if the person becomes upset. Can use photos, pictures, memorabilia from a person's past, smell of familiar food, personal belongings, old magazines or newspaper articles]</i></p>
<b>Learning Outcome 4 (LO4)</b>	Report incidences according to industry requirements for documentation and reporting.
<b>Performance standards</b>	<p>4.1 Identify changes in the person's health or support requirements</p> <p><i>[Range may include but not limited to: change in client's:</i></p> <ul style="list-style-type: none"> <li>• <i>physical health such as mobility, skin condition, sleep, appetite, etc. independence;</i></li> <li>• <i>emotional health such as changes in client's mood and behaviour];</i></li> </ul> <p>4.2 Identify documentation requirements after providing support</p>

	<p><i>[Range may include but not limited to: completion of communication book/client progress notes, incident or hazard forms, time sheet, behaviour charts];</i></p> <p>4.3 Describe reporting requirements after providing support <i>[Range may include but not limited to; - Reporting any change in client to supervisor, handover of any significant behavioural issues and the strategies used];</i></p> <p>4.4 Document and report incidences in accordance with industry requirements.</p>
<b>Pre-requisites</b>	N/A
<b>Co-requisites</b>	N/A
<b>Underpinning skill and knowledge</b>	<p>The following skills and knowledge underpin this unit standard:</p> <ol style="list-style-type: none"> <li>1. The different manifestations of dementia, including: <ul style="list-style-type: none"> <li>• <i>Alzheimer’s disease</i></li> <li>• <i>Vascular dementia or multi-infarct dementia</i></li> <li>• <i>Lewy bodies</i></li> <li>• <i>Excessive alcohol intake or Korsakoff Syndrome</i></li> <li>• <i>Frontotemporal lobar degeneration (FLTD) including Pick’s disease</i></li> <li>• <i>Huntington’s disease</i></li> <li>• <i>Parkinson’s disease</i></li> <li>• <i>Younger onset dementia</i></li> </ul> </li> <li>2. Dementia as a progressive neurological condition, including pathological features: amyloid plaques, neurofibrillary tangles, loss of connection between cells and cell death</li> <li>3. Common indicators and symptoms of dementia</li> <li>4. <i>Behaviours of concern</i></li> <li>5. Possible triggers for the <i>Behaviours of concern</i></li> <li>6. Verbal and non-verbal communication strategies including: <ul style="list-style-type: none"> <li>▪ <i>reality orientation</i></li> <li>▪ <i>reminders of the day, the time, relationships, occasions</i></li> <li>▪ <i>reassuring words, phrases and body language</i></li> <li>▪ <i>validation</i></li> <li>▪ <i>empathy</i></li> <li>▪ <i>acceptance of the person’s reality</i></li> <li>▪ <i>acknowledgement</i></li> <li>▪ <i>allowing expressions of distress</i></li> <li>▪ <i>providing verbal and physical reassurance</i></li> <li>▪ <i>frequent reminiscence to connect with person</i></li> </ul> </li> </ol>

	7. Documentation and reporting
<p><b>Suggested assessment methods</b></p>	<p><b>Methods of assessment:</b></p> <ol style="list-style-type: none"> <li>1. A range of assessment methods should be used to assess students' knowledge and application of skills, include but not restricted to the following: <ol style="list-style-type: none"> <li>a) Direct observation of students – may include role play, work placement, demonstrations</li> <li>b) Written questions;</li> <li>c) One-on-one verbal questions;</li> <li>d) Written report;</li> <li>e) Review of work placement reports – signed off by assessor/workplace supervisor; and</li> <li>f) Portfolio</li> </ol> </li> <li>2. It is recommended that competencies for this unit include demonstrations in a simulated environment, which reflect workplace conditions using scenarios and relevant equipment.</li> </ol> <p>[Note: A simulated space can also refer to a bedroom in a client's home but which is set up as part of the training environment.]</p>
<p><b>Resource requirements</b></p>	<ol style="list-style-type: none"> <li>1 Classroom and standard classroom furniture such as: a white/blackboard; tables or benches and chairs for students; student notice boards; whiteboard markers; butchers paper / coloured cards or spare paper and pens for group activities;</li> <li>2 Relevant printed resources on aged care;</li> <li>3 Relevant industry documentation – Policies, procedures and forms used within the Industry such as: <ul style="list-style-type: none"> <li>• Hazard form, Incident Form, Risk assessment, behavior charts</li> <li>• Communication books</li> </ul> </li> <li>4. Relevant equipment for a simulated environment will include a bed, manikin, bedside table, and chair.</li> </ol>
<p><b>Moderation arrangements</b></p>	<p>Provider Institutions are responsible for moderation arrangements to ensure consistency in assessments. Moderation process must be approved by TNQAB</p>

<p><b>Requirements to complete this unit</b></p>	<p>There are 4 learning outcomes and 16 performance standards to measure competence.</p> <p>To demonstrate competence in this unit, a candidate of assessment:</p> <ol style="list-style-type: none"> <li>1) Needs to achieve all learning outcomes to fulfill the requirements of the unit standard;</li> <li>2) Is eligible up to 3 attempts on their assessments. Should the first attempt be unsatisfactory, re-assessments must be completed within 14 days of the completion of the first assessment.</li> </ol>
<p><b>Important notes and definitions</b></p>	<p><u>Notes:</u></p> <ul style="list-style-type: none"> <li>• Reasonable adjustment can be made to the assessment tasks to ensure equity in assessment. If a student is identified to have, a particular need reasonable adjustment may be considered.</li> </ul> <p><u>Definitions:</u></p> <ol style="list-style-type: none"> <li>1) <i>Dementia</i> – is a general term used to describe the symptoms of a large group of illnesses that cause a progressive decline in a person’s mental functioning. It is not one specific disease.</li> <li>2) <i>Behaviours of concern</i> refers to - the result of changes that take place in the brain and affects the person’s memory, mood and actions. Sometimes these changes may be related to these behaviours such as <i>wandering, hoarding, aggression, over-reacting, repetitive behaviour, hallucinations, screaming, crying, agitation, sleep disturbances.</i></li> <li>2) <i>Elder abuse</i> refers to mistreatment of older people in a relationship of trust.</li> <li>3) <i>Empathy</i> refers to being supportive of a person’s feelings, to have an understanding of how another person is feeling. To see things from someone else’s point of view.</li> <li>4) <i>Person-centred care</i> refers to care or support services that focus on the person rather than the illness. In such care services, the carer: <ul style="list-style-type: none"> <li>• Tries to understand how a client is experiencing their situation.</li> <li>• Values the person, and treats them as individuals,</li> <li>• Looks at the world from the person’s perspective,</li> <li>• provides a social environment that supports a client’s psychological needs.</li> </ul> </li> <li>5) <i>Reality orientation:</i> the person with dementia is gently reminded</li> </ol>

	<p>of everyday things to try to re-orientate them to the present.</p> <p>6) <i>Reminiscence</i>; is using longer-term memories to connect with a person who has dementia. It is a tool used for communicating.</p> <p>7) <i>Strength based practice</i>: refers to care or support services that focus on a person’s abilities rather than on their deficits and disabilities.</p> <p>8) <i>Validation therapy</i> involves:</p> <ul style="list-style-type: none"> <li>• acknowledging a person’s feelings in a non-judgemental manner</li> <li>• allowing emotions to be expressed</li> <li>• offering reassurance through appropriate communication techniques</li> </ul> <p>9) <i>Verbal and non-verbal communication strategies</i> to maximise engagement of the person with dementia include but not limited to:</p> <ul style="list-style-type: none"> <li>• Verbal: <ul style="list-style-type: none"> <li>i. Remain calm and talk in a gentle, matter of fact way;</li> <li>ii. Keeping sentences short and simple;</li> <li>iii. Focusing on one idea at a time;</li> <li>iv. Always allowing plenty of time for what is said to be understood;</li> <li>v. Have patience and do not rush the client.</li> </ul> </li> <li>• Non-verbal communication may include: <ul style="list-style-type: none"> <li>i. Using hand gestures and facial expressions to make yourself understood;</li> <li>ii. Pointing or demonstrating;</li> <li>iii. Touching and holding client’s hand to keep their attention and show that h care. iv.</li> <li>iv. A warm smile and shared laughter</li> </ul> </li> </ul>
<p><b>Public comments on unit</b></p>	<p>Please contact TNQAB National Qualifications Unit (email <a href="mailto:EnquireNQ@tnqab.to">EnquireNQ@tnqab.to</a> or Telephone 28136) if you would like to discuss or suggest changes to the details of this unit.</p>