

Guidelines for Skills and Training

Specialist Dementia Care Program





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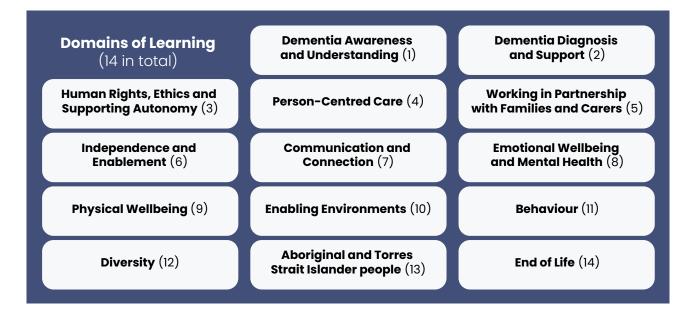
Section 1. Overview of Specialist Dementia Care Program skills and training guidelines

Residents within **Specialist Dementia Care Program (SDCP)** units need highly specialised, person-centred care. How to support staff with appropriate training is a fundamental part of delivering optimal quality of care on an ongoing basis.

These guidelines have been developed to help make choosing the right training pathway for staff simple and easy to implement.

The guidelines reference elements of the National Dementia Education and Training Standards Framework (also referred to as 'the Framework'). The Framework can be located <u>here</u> (available June 2024).

The Framework is made up of 14 **Domains of Learning**, with four **Tiers of Learning**:



Tiers of Learning

SDCP units.



SDCP units

Guidelines for Skills and Training **3**

As shown in the previous diagram, the guidelines assume that SDCP unit staff have previously attained the **Tier 1, Introductory level** of dementia care knowledge and skills. If this is not the case, it may be necessary to include introductory knowledge and skills training for all SDCP unit staff. **Tier Two, Foundational**, and **Tier Three, Enhanced Practice** are the primary levels of knowledge and skills expected of staff working in the SDCP unit.

Although **Tier Four, Advanced Practice/Expertise** is not included in these guidelines, SDCP staff aspiring towards expert levels of dementia knowledge and skills can refer to the National Dementia Education and Training Standards Framework to identify Tier Four learning outcomes.

The National Dementia Education and Training Standards Framework identifies 14 different domains of learning. Using these domains, four intersecting pillars of practice were identified to reflect the key practice development areas and complex nature of dementia care provided in the SDCP units. In particular, its psychosocial approach, which is person-centred, goal-oriented and builds on or maintains the strengths and capacity of individuals. The following table identifies the four pillars of practice and how they relate to the domains of learning in the Framework.

The four pillars of practice are:

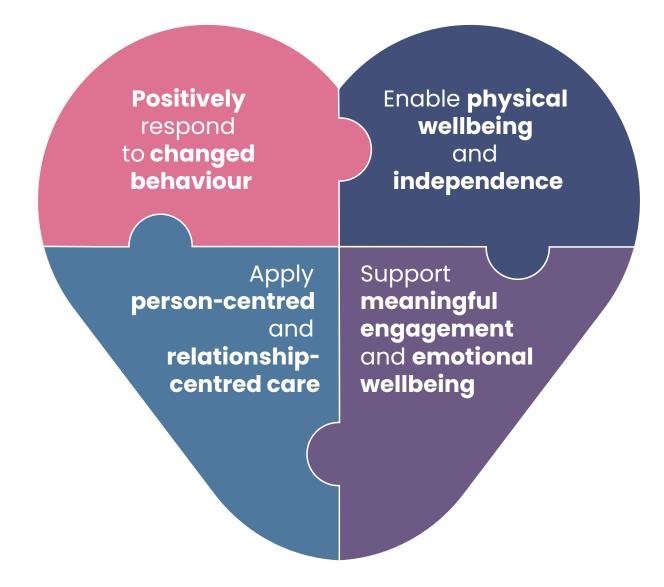
Changed behaviour	Physical wellbeing and independence	Person-centred and relationship- centred care	Meaningful engagement and emotional wellbeing
Dementia Diagnosis and Support (Domain 2) Behaviour (Domain 11)	Dementia Diagnosis and Support (Domain 2) Independence and Enablement (Domain 6) Physical Wellbeing (Domain 9) Enabling Environments (Domain 10) End of Life (Domain 14)	Human Rights, Ethics and Supporting Autonomy (Domain 3) Person-centred Care (Domain 4) Working in Partnership with Families and Carers (Domain 5) Independence and Enablement (Domain 6) Communication and Connection (Domain 7) Aboriginal and Torres Strait Islander people (Domain 13)	Independence and Enablement (Domain 6) Communication and Connection (Domain 7) Emotional Wellbeing and Mental Health (Domain 8) Enabling Environments (Domain 10)

The guidelines are designed to identify key training requirements for staff working in the units by outlining under each of these four pillars what staff need to know (**knowledge**) and need to do (**skills**). This knowledge and skills base will assist staff to confidently and effectively support residents who receive care in the SDCP units and support practice enhancement.

The recommended training that forms part of these guidelines supports organisational or other profession-specific competency frameworks. They are not exhaustive and further dementia training at more advanced levels may be considered beyond these key recommendations.

Section 2. The guidelines

Each of the **four pillars of practice** defines the various standards of **knowledge** and **skills** relevant to typical job roles in the SDCP units. As you can see in the diagram below, the four pillars are all interrelated and necessary to provide quality care outcomes for residents receiving support in the SDCP units.



A description of each of the four pillars of practice is provided in the following table and refers to the relevant domain in the National Dementia Education and Training Standards Framework (the Framework).

The four pillars of practice

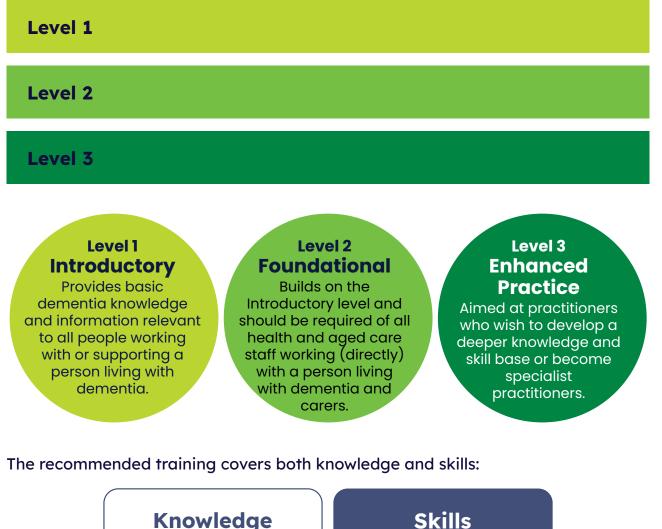
Pillar	Description	Reference to the Framework (Domains)
Changed behaviour	This pillar brings together the knowledge and skills necessary to positively support people who have severe responses to their dementia experience. Changed behaviour can often be an expression of unmet needs, emotions, distress, or discomfort. In the SDCP unit, there is a focus on understanding the person's life story and how this may contribute to their communication through behaviour. Additionally, there is a focus on positively responding to changed behaviour using the least restrictive practices that promote the human rights of the person.	Dementia Diagnosis and Support (Domain 2) Behaviour (Domain 11)
Physical wellbeing and independence	This pillar brings together the knowledge and skills necessary to optimise functioning, improve physical wellbeing and quality of life for the person with dementia. In the SDCP unit, there is a focus on providing care that builds on the strengths and capacity of the person. Care is provided in a safe, stable and supportive environment that reflects dementia-enabling design principles.	Dementia Diagnosis and Support (Domain 2) Independence and Enablement (Domain 6) Physical Wellbeing (Domain 9) Enabling Environments (Domain 10) End of Life (Domain 14)
Person- centred and relationship- centred care	This pillar brings together the knowledge and skills necessary to provide an inclusive, person-centred and goal-oriented approach to care. In the SDCP unit, there is a focus on care that is tailored to the unique circumstances, supports meaningful relationships, respects background, cultural sensitivities and preferences of person with dementia, their family and carers. This includes supported decision-making and valuing those in the caring relationship.	Human Rights, Ethics and Supporting Autonomy (Domain 3) Person-centred Care (Domain 4) Working in Partnership with Families and Carers (Domain 5) Independence and Enablement (Domain 6) Communication and Connection (Domain 7) Aboriginal and Torres Strait Islander people (Domain 13)
Meaningful engagement and emotional wellbeing	This pillar brings together the knowledge and skills necessary to provide care that promotes meaningful engagement and emotional wellbeing. In the SDCP unit, there is a focus on supporting the person to access therapeutic, meaningful and purposeful activities that recognise their strengths and abilities.	Independence and Enablement (Domain 6) Communication and Connection (Domain 7) Emotional Wellbeing and Mental Health (Domain 8) Enabling Environments (Domain 10)

Training pathways

The guidelines assume that SDCP staff have the required level of dementia knowledge and skills appropriate to the focus of their roles. However, the minimum standard of knowledge and skills required of staff intending to work in the SDCP units is Introductory, Level 1. For regular staff working in the SDCP units, the required standard of knowledge and skills is Level 2, Foundational or Level 3, Enhanced Practice.

The recommended knowledge and skills standards for the SDCP specifically, have been divided by **level** and **pillar**. This reflects the National Dementia Education and Training Standards Framework **tiering** and brings together a number of the **domains** from the framework into a consistent and comprehensive training pathway for SDCP unit staff.

For these guidelines, the training includes:



What the person knows, or needs to know. **Skills** What the person can do,

needs to know how to do.

Guidelines for:

Level 1

Level		Know- ledge	Skill	Domain
Cho	inged behaviour			
1	Be aware that many factors may influence a person's behaviour, and these may be able to be supported or positively influenced.	~		11
1	Use simple communication skills to identify why a person may be displaying their emotions through their behaviour.		~	11
1	Identify how the social, cultural and the built environment can influence behaviour.		~	11
Physical wellbeing and independence				
1	Be aware that pain may not be communicated verbally by a person living with dementia and may be communicated through expressions of behaviour.	~		9

	expressions of behaviour.	·		
1	Recognise when a person living with dementia may need assistance and provide support sensitively and compassionately.		~	9
1	Understand how the physical environment can enable or disable a person living with dementia.	~		10
1	Identify simple changes to the environment to reduce risks and support abilities.		~	10

Person-centred and relationship-centred care

1	Understand everyone has a right to privacy and confidentiality, dignity, and self-determination and choice.	~		3
1	Communicate in a way that offers the person living with dementia an opportunity to make an informed choice.		~	6

Meaningful engagement and emotional wellbeing

1	Understand the factors that enable or act as barriers to effective and compassionate communication with people living with dementia.	~		7
1	Demonstrate appropriate verbal and non-verbal communication skills when interacting with a person living with dementia.		~	7
1	Promote emotional wellbeing and mental health of a person through positive communication and engagement.		~	8
1	Listen to and empathise with the person's own emotional experience of living with dementia.		~	8

Guidelines for:

Level 2

Level		Know- ledge	Skill	Domain
Cha	nged behaviour			
2	Be aware that changed behaviours may be multifactorial and can often be prevented or positively influenced.	~		11
2	Be able to recognise when a person may be becoming distressed and provide a range of supportive responses including a de- escalation approach.		~	11
2	Be confident to approach a person in distress and display empathy and use communication skills to validate the person's emotions.		~	11
2	Demonstrate a calm and sensitive approach with the person, their family, and carers to de-escalate a situation and refer to support services when needed.		~	11
2	Observe, accurately describe, share information or follow a behaviour support plan that will assist in, preventing distress, promote understanding and positively respond to the changed behaviour in a person living with dementia.		~	11

Physical wellbeing and independence

2	Identify possible side-effects of medication and report appropriately.		~	9
2	Use supported decision-making practices to facilitate the person themselves making informed choices and maintaining dignity of risk.		~	6
2	Incorporate adaptations to the physical environment to promote independence, orientation, privacy, and safety.		~	6
2	Be aware of the effects of physical health stressors such as malnutrition, dehydration, inadequate sleep/ rest, sensory loss, continence, oral hygiene and poor mobility can have on the lived experience of dementia.	~		9
2	Identify signs of pain and report immediately.		 Image: A second s	9

Person-centred and relationship-centred care

2	Apply the principles of person-centred care in practice/service delivery.		~	4
2	Understand the role of self (practitioner) in providing person- centred care and how our behaviour can influence the lived experience for the person.	•		4
2	Understand the basic concept of personhood, how it applies to a person living with dementia and its importance for psychological wellbeing.	~		4
2	Support expression of a person's individuality and self determination through their routines, choices, ethnicity, culture, language, needs and preferences for intimacy and sexuality.		~	4

Level 2 (cont.)

Leve		Know- ledge	Skill	Domain
2	Utilise family and/or friends to learn about a person's life history and important personal information, routines and habits and how these can be utilised in care and support.		~	4
2	Adapt communication style and techniques to reflect a person's history, culture, or beliefs including formal or informal ways to address a person living with dementia.		~	7

Meaningful engagement and emotional wellbeing

2	Understand the importance of physical and cognitive activities in the promotion of independence and abilities and how activities can be adapted to suit an individual's changing needs.	~		6
2	Be able to connect with a person at a social and emotional level, moving beyond task focused interactions.		~	7
2	Practice self-awareness and active listening in the use of verbal and non-verbal communication.		~	7
2	Demonstrate effective use of nonverbal communication techniques including appropriate use of touch.		~	7
2	Be aware of the different elements contributing to emotional wellbeing in relation to physical, mental, spiritual, social and emotional.	~		8
2	Provide a social environment that supports a sense of emotional security, connection and belonging.		~	8

Guidelines for:

Level 3

Level		Know- ledge	Skill	Domain		
Cha	Changed behaviour					
3	Thoroughly understand different types of Mild Cognitive Impairment and dementia (both common and rare) according to their presentation, prevalence, and symptoms.	~		2		
3	Understand the range of appropriate assessment tools for identifying and positively responding to behaviour, including behaviour support planning and preventative wellbeing and engagement strategies.	~		11		
3	Critically analyse situations to proactively assess and identify triggers, stressors or deficiencies in wellbeing that may lead to changed behaviour and plan a proactive approach to minimise occurrences.		~	11		
3	Interpret the results of an assessment, feed back results, create person-led support plans and refer to relevant support services where appropriate.		~	11		
3	Engage in a multi-disciplinary approach (inclusive of person living with dementia and their family or carer) to understand possible behavioural, psychological and communication factors relating to the behaviour.		~	11		
3	Establish and implement a plan to monitor and evaluate the effectiveness of interventions and outcomes on the person's changed behaviour and adjust strategies as required.		~	11		
Phy	Physical wellbeing and independence					
3	Use a strengths-based approach to conducting regular assessments that identify opportunity to promote and optimise independence.		~	6		
3	Connect the person, their family, and carers to multi-disciplinary health care teams to support reablement and independence.		~	6		
3	Use a person-led, goal-oriented approach to facilitate the person's optimum support and chosen outcomes for the person living with dementia.		~	6		
3	Know the most common medications prescribed to people living with dementia, their contraindications and impact on cognitive, emotional, and physical health and abilities.	~		9		
3	Assess and develop a person-centred individualised care plan to effectively manage pain for a person living with dementia.		~	9		
3	Collaborate with a person living with dementia, their family, and carers to formulate interventions to support physical health based on a comprehensive assessment, observation, medical history and other health practitioner reports.		~	9		
3	Recognise and assess the multidimensional, subjective and complex aspects of experiencing pain, and address this and other end-of-life physical, psychological and social needs in a person with dementia.		*	14		

Level 3 (cont.)

Level		Know- ledge	Skill	Domain
3	Work with families and care partners to ensure that the care needs of a person for palliative care and end-of-life are met		~	14
Per	son-centred and relationship-centred care			
3	Understand how to support a person to maintain and express their individuality in the context of language, culture, spirituality, intimacy and sexuality.	~		4
3	Model the use of person-centred care philosophies and use respectful person-centred language in documentation and practice.		~	4
3	Be able to holistically assess a person's wellbeing and/or emotional distress and develop a support plan that will improve their quality of life and emotional wellbeing with the person and their support network.		~	4
3	Communicate and collaborate with the person, their family, and/ or carers to compile a life story, identify current interests and develop their person-centred support plan using this information.		~	4
3	Understand the care partnership approach in planning care and services and practical applications.	~		5
3	Lead a culture of involving families and carers in decision making where appropriate.		~	5
3	Adapt own interpersonal and communication style to connect with a person living with dementia, drawing on self-awareness and emotional intelligence.		~	7
3	Implement a care culture that respects and celebrates diversity including traditions, celebrations, spiritual routines and family connection.		~	12
3	Lead the implementation of specialist assessments and practices that respect and support the individual's diversity living with dementia.		~	12
3	Respect and acknowledge the strength of cultural and spiritual beliefs when discussing diagnosis, dementia as a medical condition rather than spiritual issue, and in specific actions relating to relevant cultural practice in care and end-of-life planning.		~	13
3	Facilitate additional support if appropriate to enable strengthened community/family connections.		~	13

Level 3 (cont.)

Level		Know- ledge	Skill	Domain	
Mec	Meaningful engagement and emotional wellbeing				
3	Manage, support, and promote dignity of risk.		~	6	
3	Lead care practice that focuses on genuine relationships and positive communication and connection.		~	7	
3	Assess levels of wellbeing/illbeing in an individual and generate care/activity/engagement plans that are individualised to the person's cognitive and function abilities and minimise distress and support wellbeing.		*	8	
3	Collaborate with a multidisciplinary team regarding the use and review of pharmacological interventions to eliminate the inappropriate use of restrictive practices.		~	8	
3	Be able to assess the environment and recommend changes that support a person living with dementia.		~	10	

Section 3. Using the guidelines

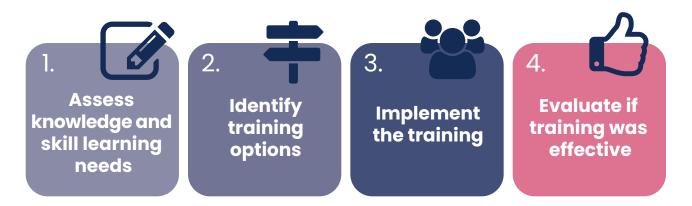
The guidelines are designed to be used as a whole of team approach to plan for staff training and learning in the SDCP units. In addition, the guidelines are a resource for all staff who work in the SDCP units to identify existing knowledge and skills, and areas for future learning and development to build capability and confidence.

The guidelines may be used alongside local organisational models of care or processes to recruit, orient, and develop new or current staff working in the SDCP unit, or when expanding or opening new SDCP units.

For example:

- to identify knowledge and skill gaps
- to create learning goals and plans
- to inform training programs
- to create job descriptions or recruitment and selection criteria
- to support on-boarding and orientation.

These guidelines are not intended for use to assess, review, or manage staff performance, such as in performance appraisals.



Section 4. Planning training

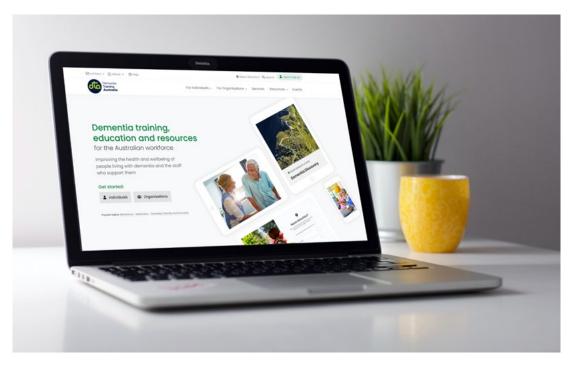
SDCP unit staff will have varying learning and development needs, depending on their job role, previous work experience, and education and training completed.

Dementia Training Australia (DTA) offers a wide range of training opportunities across numerous topics/domains. The following table shows an example of how the guidelines can be used to **develop a training plan** for the unit, by matching suggested training options for each of the four pillars of practice and levels of knowledge and skills.

Utilising in-house training, DTA training or other providers, the unit training plan can be developed to ensure the recommended training standards are met and ongoing professional development is meeting identified core knowledge and skills areas for staff. This knowledge and skills base will assist staff to confidently and effectively support residents who receive care in the SDCP units and support practice enhancement.

For consistency against the National Dementia Education and Training Standards Framework, reference to the relevant tier/levels and domains are also shown. DTA's <u>Learning Pathways</u> platform, which is aligned with the Framework, offers a comprehensive search tool for discovering personalised, individual or team learning options.

In addition, DTA can tailor a comprehensive training program to fit the unique needs of SDCP provider organisations and staff. For further information on DTA's training program <u>Contact DTA</u>.



Training pathway for SDCP units and suggested DTA training courses

Four Pillars, and related Domains from the Framework	Level 1	Level 2	Level 3
Changed behaviour: Dementia Diagnosis and Support (Domain 2) Behaviour (Domain 11)	• Dementia discovery	 Dementia essentials Navigating changed behaviour in people living with dementia Understanding changed behaviours D-Esc A behavioural emergency Changed behaviour toolkit: Module - Respond safely to critical situations: The AID Approach Dementia and Behaviour Support Plans 	 Minimising use of antipsychotic medications for responsive behaviour Understanding and responding to changed behaviour - using the changed behaviour toolkit
Physical wellbeing and independence: Dementia Diagnosis and Support (Domain 2) Independence and Enablement (Domain 6) Physical Wellbeing (Domain 9) Enabling Environments (Domain 10) End of Life (Domain 14)	• Creating supportive environments for people living with dementia	 The view from here: Skills in dementia care for acute settings - Module 1, Neuropathology and Module 2, Delirium and delirium superimposed on dementia Walking safely with dementia 	 Appropriate use of benzodiazepines and other sedatives The pain puzzle: Recognition, assessment and treatment of pain in people living with dementia Recognising and acting on pain in people living with dementia for direct care workers
Person-centred and relationship-centred care: Human Rights, Ethics and Supporting Autonomy (Domain 3) Person-centred Care (Domain 4) Working in Partnership with Families and Carers (Domain 5) Independence and Enablement (Domain 6) Communication and Connection (Domain 7) Diversity (Domain 12) Aboriginal and Torres Strait Islander people (Domain 13)	• Dementia discovery - Module 6, Empathy matters	 Building personal capacity Caring for LGBTI people with dementia LGBTI people and dementia Sexuality The view from here: Skills in aged and community dementia care Sleep matters 	• Dementia knowledge to action
Meaningful engagement and emotional wellbeing: Independence and Enablement (Domain 6) Communication and Connection (Domain 7) Emotional Wellbeing and Mental Health (Domain 8) Enabling Environments (Domain 10) Diversity (Domain 12)	• Dementia discovery - Module 7, Communication matters	 Meaningful engagement The view from here: Skills in aged and community dementia care - Module 3, Communication strategies 	• Meaningful spaces

Information about each DTA course

Appropriate use of benzodiazepines and other sedatives	Building personal capacity Build personal capacity to	Caring for LGBTI people with dementia
Explore the role that benzodiazepines and other sedatives play in supporting a person with dementia experiencing a changed behaviour. The course will highlight the risks associated with using benzodiazepines and other sedatives, discuss the situations when benzodiazepines and other sedatives may be helpful in supporting a person with dementia and, discuss the prescribing guidelines and durations of therapy in these circumstances. Mode: 4 online modules Time required: 4 hours More details: https://dta.com.	support and improve the lives of people living with dementia in residential care settings. Learn about dementia, changed behaviour and person-centred care. Explore personal work habits, empowerment - how to empower yourself and others, and develop an action plan to improve the quality of life of a resident with dementia to discuss with your manager. Mode: Face-to-face Time required: 6 hours More details: <u>Contact DTA</u>	Become culturally competent in caring for lesbian, gay, bisexual, trans/gender diverse and intersex (LGBTI) people with dementia. Mode: 4 online modules Time required: 3 hours More details: <u>https://dta.com.au/ online-courses/caring-for-lgbti- people-with-dementia/</u>
au/online-courses/benzos-and- sedatives/		
Changed behaviour toolkit: Module - Respond safely to critical situations: The AID Approach Learn about the AID Approach to build knowledge, understanding and confidence to safely resolve or de-escalate critical situations involving a person living with dementia, where there is an immediate risk of physical and/or mental harm. Mode: A series of short videos, case studies and resources, to support small group discussions Time required: 30 minutes More details: https://dta.com.au/ changed-behaviour-toolkit-2/	Creating supportive environments for people living with dementia Explore why environments matter and how you can help support transformation of the places you work to better support people living with dementia. Mode: 3 online modules Time required: 4 hours More details: https://dta.com. au/online-courses/creating- supportive-environments/	Decoding delirium Learn how to recognise, prevent and manage the symptoms of delirium within residential and community-based aged care. Additionally, the course examines how to recognise the differences between delirium, depression and dementia, and how they may co- exist in individuals. Mode: 3 online modules Time required: 2.5 hours More details: https://dta.com. au/online-courses/decoding- delirium/#overview
Dementia and Behaviour Support Plans This webinar explored key considerations to need address in developing Behaviour Support Plans for people living with dementia. A panel of experts from Dementia Training Australia (DTA), Dementia Support Australia (DSA), and Dementia Australia outlined the important elements of good practice as well as programs and resources available to assist providers and staff. Mode: Webinar Time required: 1.5 hours More details: https://dta.com.au/ resources/webinar-dementia-and- behaviour-support-plans/	Dementia discovery Develop your knowledge about specific types of dementia and potential underlying changes in the brain. Mode: 7 online modules Time required: 3 hours More details: https://dta.com.au/ dementia-discovery/	D-Esc A behavioural emergency Learn how to recognise, assess and safely respond to the emotional and physical signs of stress and behaviour escalation experienced by a person living with dementia. Build empathy, and the confidence to apply person-centred, de- escalation skills to high-risk behaviour and behavioural emergencies to lower the risk of harm for the person with dementia, staff and others. Mode: Face-to-face, including the immersive use of Virtual Reality technology. Time required: 3 hours More details: <u>Contact DTA</u>

Dementia essentials	Dementia knowledge to action	
Dementia essentials Build your knowledge with this fully funded, nationally accredited course which explores strategies to assist with good communication, planning, developing appropriate activities and understanding changed behaviour in people living with dementia. Mode: 2 online modules and course work or 3 face-to-face sessions and course work Time required: 24 hours Mode details: https://dta.com.au/ dementia-essentials/	Dementia knowledge to action Learn how to become a coach and influencer within your care setting to enhance the lives of people living with dementia. Explore your values and vision for dementia care; experience the disabling effects of a poorly designed environment and medication through virtual reality and build your capacity to positively respond to changed behaviours in people living with dementia. Throughout the program, participants will be supported by a DTA mentor and a community of practice. Mode: Mixed delivery of face-to-face, online modules, community of practice, mentor support and a self-directed project Time required: 4 workshop days, 4 days project work and support meetings More details: Contact DTA	
LGBTI people and dementia Develop a basic understanding of sexuality, bodies and gender identity within the context of dementia care and service provision. The workshop content makes the link between the social/cultural pressures related to sexuality, bodies and gender identity and the patterns of health outcomes and risk factors that influence the health and wellbeing of LGBTI people – and how this relates to people living with dementia. Mode: Face-to-face Time required: 2 hours More details: Contact DTA	Meaningful engagement Explore the circumstances of three people who live in a residential home, the type of dementia they live with, and options for engagement activities that could improve their quality of life. Mode: Face-to-face Time required: 1 day More details: <u>Contact DTA</u>	Minimising use of antipsychotic medications for responsive behaviour Learn how to create an evidence- based plan to support the minimisation of antipsychotic medication for changed behaviours, in your workplace. Mode: 2 online modules Time required: 1 hour 30 minutes More details: https://dta.com. au/online-courses/minimising- antipsychotics/
More details: <u>Contact DIA</u> Meaningful spaces Participants experience some of the altered perceptions common in those living with dementia, to improve their understanding of the role of environment and medications in supporting a person with changed behaviours. Mode: Face-to-face, including immersive use of Virtual Reality technology. Time required: 3.5 hours More details: <u>Contact DTA</u>	Navigating changed behaviour in people living with dementia Develop increased understanding of the brain changes associated with dementia and how that may impact people living with dementia. Develop a greater understanding of changed behaviour and learn about evidence-based approaches and models that improve the care and wellbeing of people living with dementia. Mode: Face-to-face Time required: 3 hours More details: <u>Contact DTA</u>	Recognising and acting on pain in people living with dementia for direct care workers Learn how to look, listen and investigate pain in people living with dementia who are unable to verbalise their discomfort or pain. Mode: 3 online modules Time required: 3 hours More details: https://dta.com.au/ online-courses/recognising-and- acting-on-pain-in-people-living- with-dementia-for-direct-care- workers/

Sexuality Increase your understanding of: the intimate and sexual needs of people living with dementia; the importance of expression of sexuality; the role of health care professionals in responding to the expression of sexuality by people with dementia; translation of sexualities and dementia into care practices. Explore a framework to better support the expression of sexuality and a model to assess the cognitive competency of people with dementia to have intimate and sexual relationships. Mode: Face-to-face Time required: 3 hours More details: <u>Contact DTA</u>	Sleep matters Understand some of the issues older people have with their sleep, learn about the association between sleep and dementia and uncover ways that nurses and care workers can optimise sleep for those living in aged care. Mode: 3 online modules Time required: 1 hour 15 minutes More details: https://dta.com.au/ online-courses/sleep-matters	The pain puzzle: Recognition, assessment and treatment of pain in people living with dementia Increase your understanding of pain assessment and management for people with dementia living in a residential environment. Mode: 3 online modules Time required: 2 hours More details: https://dta.com.au/ online-courses/the-pain-puzzle/
The view from here: Skills in aged and community dementia care Understand the care experience from the viewpoint of the person living with dementia. Mode: 3 online modules Time required: 2 hours More details: https://dta.com.au/ online-courses/the-view-from- here-racf/	The view from here: Skills in dementia care for acute settings As a nurse or other health professional in acute care, understand the care experience from the viewpoint of the person living with dementia. Mode: 2 online modules recommended Time required: 1 hour 20 minutes More details: https://dta.com.au/ online-courses/the-view-from- here-acute-care/	Understanding and responding to changed behaviour - using the changed behaviour toolkit Learn how to deliver short training sessions on changed behaviour to your colleagues using DTA's changed behaviour toolkit. Mode: Face-to-face, Train-the- trainer Time required: 1 day More details: <u>Contact DTA</u>
Understanding changed behaviours Increase your knowledge of caring for a person experiencing dementia-related changed behaviours and explore how people with dementia may express their needs through behaviour, rather than word. Mode: 7 online modules Time required: 3 hours 30 minutes More details: https://dta.com.au/ online-courses/understanding- changed-behaviour/	Walking safely with dementia Learn how to identify and address the issues related to wandering for people living with dementia in the community, and for their carers. Mode: 3 online modules Time required: 2 hours More details: https://dta.com.au/ online-courses/walking-safely- with-dementia/	

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a domain is a subject or topic area		
what the person knows, or needs to know		
in these guidelines levels are used interchangeably with tiers		
National Dementia Education and Training Standards Framework		
four intersecting pillars of practice were identified in the NDETSF to reflect the complex nature of dementia care provided in the SDCP units		
what the person can do, or needs to know how to do		
a collection of skills		
Specialist Dementia Care Program		
each tier defines the standards of knowledge and skills relevant to key focus area(s) of dementia care practice.		
an abbreviated term for the National Dementia Education and Training Standards Framework		

Key terms and abbreviations

Acknowledgements

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Language

These guidelines draw upon Dementia Australia's <u>Dementia Language Guidelines</u> to reflect the use of appropriate, inclusive, and non-stigmatising language regarding dementia and for people living with dementia.

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