Unit 65: Equality, Diversity and Inclusion in Dementia Care Practice

Unit reference number:	**F/601/4686**
Level:	**3**
Unit type:	**Optional**
Credit value:	**4**
Guided learning hours:	**31**

Unit summary

This unit is aimed at those who provide care or support to individuals with dementia in a wide range of settings. The unit covers the concepts of equality, diversity and inclusion, which are fundamental to a person-centred approach.

The unit will enable learners to examine the ways in which each individual's experience of dementia is unique. Effects of dementia on younger and older individuals, those with learning disabilities and in the end of life stage, will all be addressed in the unit.

Issues related to discrimination and oppression of individuals living with dementia are investigated. Learners will also examine ways of promoting equality and inclusion, taking a person-centred approach to care practice.

Learners are also required to demonstrate their knowledge and skills in promoting equality and inclusion when working with individuals living with dementia.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve each learning outcome.

Learning outcomes	Assessment criteria
1 Understand that each individual's experience of dementia is unique	1.1 Explain why it is important to recognise and respect an individual's heritage 1.2 Compare the experience of dementia for an individual who has acquired it as an older person with the experience of an individual who has acquired it as a younger person 1.3 Describe how the experience of dementia may be different for individuals: • Who have a learning disability • Who are from different ethnic backgrounds • Who are at the end of life 1.4 Describe how the experience of an individual's dementia may impact on carers
2 Understand the importance of diversity, equality and inclusion in dementia care and support	2.1 Describe how current legislation, government policy and agreed ways of working support inclusive practice for dementia care and support 2.2 Describe the ways in which an individual with dementia may be subjected to discrimination and oppression 2.3 Explain the potential impact of discrimination on an individual with dementia 2.4 Analyse how diversity, equality and inclusion are addressed in dementia care and support

Learning outcomes	Assessment criteria
3 Be able to work in a person- centred manner to ensure inclusivity of the individual with dementia	3.1 Demonstrate how to identify an individual's uniqueness 3.2 Demonstrate how to use life experiences and circumstances of an individual who has dementia to ensure their inclusion 3.3 Demonstrate practical ways of helping an individual with dementia to maintain their dignity 3.4 Demonstrate how to engage and include an individual with dementia in daily life
4 Be able to work with others to encourage support for diversity and equality	4.1 Work with others to promote diversity and equality for individuals with dementia 4.2 Demonstrate how to share the individual's preferences and interests with others 4.3 Explain how to challenge discrimination and oppressive practice of others when working with an individual with dementia

Unit content

What needs to be learned
Learning outcome 1: Understand that each individual's experience of dementia is unique

Individual

- Someone requiring care or support.

Heritage

- Individual's culture, history and personal experiences, which are unique to them.

Importance and recognition of respect for heritage

- Recognition of personhood.
- Provision of care and support that meets the needs of the individual.
- Empowerment of individuals.
- Promotion of positive self-esteem.
- Promotion of individual identity.
- Holistic approach to care.

Difference in experience between older and younger individuals

- Younger individuals:
  - disruption of career
  - reduction of working hours
  - reduction of ability to earn income
  - loss of income; negative effects on social circle, relationships
  - lack of appropriate health and social care provision for younger adults
  - symptoms at referral may be more subtle than those of older individuals
  - perceived loss of future
  - loss of independence.
- Older individuals:
  - confusion of symptoms with other conditions
  - assumption that symptoms are associated with older age
  - effects of coexisting conditions associated with older age
  - memory loss, effects of ageing process on short-term memory
  - discrimination and oppression due to age-related prejudice
  - loss of partners and friends in older age
  - physical frailty
  - loss of independence
  - marginalisation, isolation and loneliness
  - misdiagnosis by health professionals
  - awareness of loss of skills in early stages
  - loss of dignity due to inappropriate care, deterioration of physical functions
  - abuse by family, carers
  - emotional distress
  - compounding of discomfort by age-related sight loss, age-related hearing loss.

What needs to be learned

Learning disability

- Potential enhanced effects on communication.
- Cognitive skills.
- Need for additional support.
- Need for structured day, repetition of activities.
- Late diagnosis due to existing learning disability.
- Development of symptoms may be at an earlier age, particularly with Down's syndrome.
- Misdiagnosis by health professionals.
- Effects of existing learning disability combined with deterioration of intellectual function, communication skills due to dementia.
- Increased challenging behaviour, aggression.
- Effects of coexisting conditions, hypothyroidism, diabetes.
- Experience frustration due to loss of skills.
- Need for recognition of individual first, person-centred approach.
- Use of advocacy to enable empowerment.

Different ethnicity

- Common symptoms.
- Observation of cultural/religious requirements.
- Older individuals may forget second language.
- Fear and anxiety due to loss of language use in setting.
- Communication barriers.
- Effects on behaviour due to inappropriate provision of food.
- Personal care, including issues related to gender.
- Loss of English as an additional language.
- Reversion to total use of first language.
- Fear of not understanding carers.
- Need for culturally specific care and support.

End of life stage

- Managing symptoms, e.g.:
    - pain
    - pressure leading to sores
    - agitation
    - loss of appetite
    - feeding difficulties
    - constipation leading to further confusion
    - breathing difficulties
    - low mood
    - loss of mobility
    - loss of bodily functions
    - extreme confusion.
- Adherence of carers to recorded decisions made in advance of loss of capacity.
- Needs:

What needs to be learned
○ person-centred, holistic personal care ○ sensitive management of challenging and bizarre behaviour patterns ○ recognition of religious and cultural requirements ○ distraction and reassurance in the event of hallucinations ○ calm response to expressions of fear ○ reassurance overall. **Validation for the person as an individual to include the following** • Advocacy. • Implementation of advance plans/directives. • Respect and dignity in all aspects of care delivery. • Support for family. **Impact on carers** • Depression/depressive symptoms. • Emotional stress, increased levels of stress. • Physical tiredness. • Reduction in ability to earn income, loss of employment. • Reduction in social circle, loss of social activities. • Experience of prejudice, stigma by association. • Marginalisation, isolation and loneliness. • Confusion due to lack of information from professionals. • Negative effects on relationships. • Reduced immunity to illness due to the effects on the allostatic load.
Learning outcome 2: Understand the importance of diversity, equality and inclusion in dementia care and support
Current legislation and codes of practice • Care Act 2014 clarifies the rights of carers to an assessment of needs. • Equality Act 2010 – protection for individuals against: ○ direct and indirect discrimination ○ physical and emotional harm ○ harassment on grounds of disability. • Ensures the rights of individuals, including: ○ equal treatment ○ equal access to facilities ○ equal access to appropriate care and support. • Mental Capacity Act 2005. • Mental Capacity Act 2005 Code of Practice. • Deprivation of Liberty Safeguards amendment Mental Capacity Act 2005 (2009). **Rights of individuals to the following** • Independent mental capacity advocate (IMCA). • Make unwise decisions. • Make decisions ahead of loss of capacity. • Be judged as having capacity unless proved otherwise.

What needs to be learned

- A capacity assessment.
- Freedom to continue with activities that are important to an individual.
- Support from the local Safeguarding Vulnerable Adults Board.
- Mental Health Act 2007 – rights of individuals to:
  - provision of non-means tested, follow-up support for individuals who have been detained in hospital, including the payment of home care fees
  - appointment of guardians who can request healthcare
  - appointments with professionals.
- National Dementia Strategy 2011–2014, 'Living Well with Dementia' includes:
  - provision of care in the least restrictive regime
  - prevention of arbitrary decisions that deprive vulnerable people of liberty
  - rights of challenge against unlawful detention.
- Public Health England Guidance (2018) includes:
  - local health and wellbeing boards
  - joint strategic needs assessment.
- National Institute for Health and Care Excellence Quality Standards for Dementia (2013)
- Support in health and social care (QS1), including care provided by health and care professionals in:
  - hospital
  - the community
  - group care
  - residential
  - specialist care settings.
- Support in health and social care (QS1) covers the care provided by health and social care staff in direct contact with people with dementia in:
  - hospital
  - community
  - their home
  - group care
  - residential or specialist care settings.
- Independence and wellbeing (QS30) covers the care and support of people with dementia

Agreed ways of working that relate to rights and choices, including the following

- Adhering to individual care plans.
- Involving the individual in decisions that relate to themselves.
- Use of personal histories to take account of likes, dislikes, wants and wishes.
- Involvement of families and carers in planning and implementing care and support.
- Adherence to the National Dementia Strategy guidelines.
- Adherence to organisational policies, procedures and strategies for dementia care.
- Adaptation of environments and resources to enable active participation.
- Recognition of an individual's right to non-participation.
- Incorporation of the '6Cs' into all aspects of care and support: care, compassion, competence, communication, courage, commitment.

What needs to be learned

Sharing personal information with carers and others

- Obtaining consent for delivery of treatment.
- Involvement of carers and others in decisions regarding an individual.
- Involvement of carers and others in planning care.
- Recognition of incapacity status of the individual.
- Mental Capacity Act 2005.
- General Data Protection Regulations 2018.
- Freedom of Information Act 2000.
- Organisational policies and procedures.

Ways in which an individual may be subject to discrimination and oppression

- Reasons for discrimination and oppression**,** including:
  - stigma attached to mental ill health of any type
  - misunderstanding of symptoms and characteristics of dementia
  - poor working practice due to lack of relevant training
  - perceived lack of cooperation from individuals
  - refusal to comply with routines and instructions
  - due to prejudice against age, gender, ethnicity, religion, sexual orientation.
- Discrimination and oppression**,** including:
  - labelling
  - stereotyping
  - patronising, age-inappropriate language
  - use of abusive language
  - non-inclusion in activities
  - use of eye contact to intimidate individuals
  - use of aggressive non-verbal communication
  - removal of privileges as sanctions
  - not offering choices
  - restriction of activities
  - not adapting environments and resources
  - undertaking personal care tasks that could be performed by individuals
  - adherence to rigid routines
  - separation of friendships
  - use of medication to control behaviour.

Potential impact of discrimination and oppression on individuals

- Deterioration of mental function.
- Depression.
- Withdrawal.
- Loss of self-esteem.
- Confusion.
- Displays of challenging behaviour.
- Emotional distress.
- Agitation.
- Non-compliance.

What needs to be learned
Addressing diversity, equality and inclusion in dementia care • Use of inclusive language. • Use of preferred method(s) of communication. • Use of preferred names and titles. • Adaptation of resources and environments to enable active participation. • Inclusion of activities that build on the current abilities of an individual. • Provision of culturally appropriate care and support. • Recognition of religious requirements. • Matching use of language to current abilities of individuals.
Learning outcome 3: Be able to work in a person-centred manner to ensure inclusivity of the individual with dementia
Identifying an individual's uniqueness • Not labelling an individual. • Observation of an individual to note characteristics, reactions, responses, differences in personality. • Use of information from family, carers when forming plans for support and care. • Developing a rapport with individuals by engaging in activities, interactions. • Use of active listening skills, e.g. paraphrasing, reflective listening, careful listening and noting verbal and non-verbal clues. **Using life experience to ensure inclusion** • Provision of familiar artefacts in the environment. • Use of music. • Familiar sounds to promote reassurance. • Avoidance of dislikes, objects of fear and phobia. • Use of personal histories in individual profiles. • Provision of familiar activities at an appropriate level. **Ways of maintaining dignity** • Provision of adapted resources to enable independent personal care. • Use of preferred method(s) of communication. • Use of preferred names and titles; use of short words and phrases to enable conversations. • Use of pictures and artefacts to support memory and intellectual function. • Use of polite verbal communication, e.g. polite tone. • Use of non-defensive non-verbal communication, e.g. non-threatening posture, gestures. • Avoidance of unnecessary humour when working with individuals. • Ensuring privacy when delivering personal care. **Engagement and inclusion of individuals in daily life** • Provision of regular and simple routines. • Use of short words and simple sentences. • Use of active listening skills.

What needs to be learned

• Use of positive, non-threatening non-verbal communication.
• Flexibility of approach to match fluctuating needs of the individual.
• Provision of activities that use the current abilities of individuals.
• Involvement of family, friends, carers in planning, activities, discussions.
• Involvement of relevant professionals, including:
  o dementia nurses
  o physiotherapists
  o occupational therapists
  o representatives of the individual's religious or secular beliefs
  o involvement of individuals from the community, including culturally specific communities
  o hobbies and friendship groups.

Learning outcome 4: Be able to work with others to encourage support for diversity and equality

Others
• Including:
  o care worker
  o colleagues
  o managers
  o social workers
  o occupational therapist
  o GP
  o speech and language therapist
  o physiotherapist
  o pharmacist
  o nurse
  o psychologist
  o admiral nurses
  o independent mental capacity advocate
  o community psychiatric nurse
  o dementia care advisers
  o advocate
  o support groups.
Promotion of diversity and equality
• Identification of specific needs.
• Adherence to national and organisational policies and agreed ways of working with individuals.
• Working with team members to support inclusion strategies within a setting.
• Modelling good practice by:
  o use of preferred method(s) of communication
  o use of preferred names and titles.
Sharing an individual's preferences and interests
• Accurate completion of records, diaries, profiles of individuals.
• Contributing to team discussion, case conferences, review of individuals.
• Involvement of team members in activities with individuals.

What needs to be learned
Challenging discrimination and oppressive practice • Challenging incidences directly. • Modelling good practice. • Referring incidents to line managers, supervisors. • Reviewing policies and procedures and adapting where appropriate. • Equality and diversity training of staff and other individuals.

Information for tutors

Suggested resources

Books

Cahill S – *Dementia and human rights* (Policy Press, 2018) ISBN 9781447331407

Innes A, Archibald C and Murphy C (editors) – *Dementia and Social Inclusion: Marginalised Groups and Marginalised Areas of Dementia Research, Care and Practice* (Jessica Kingsley Publishers, 2004) ISBN 9781843101741

Smith G (editor) – *Dementia Care: A Practical Approach* (Routledge, 2016) ISBN 9781482245745

Websites

www.dementiavoices.org.uk/wp-content/uploads/2016/11/Our-dementia-Our-rights-booklet.pdf	Dementia Voices a charity working in partnership with individuals who have dementia
www.gov.uk/government/publications/people-with-dementia-and-learning-disabilities-reasonable-adjustments	Public Health England: guidance on making reasonable adjustments for individuals with learning disabilities who have dementia
www.gov.uk/government/publications/dementia-applying-all-our-health/dementia-applying-all-our-health	Public Health England: Guidance on supporting individuals with dementia

Assessment

This guidance should be read in conjunction with the associated qualification specification for this unit.

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria, and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meets the assessment criteria, centres should follow the guidance given in *Section 8 Assessment* of the associated qualification specification and meet the requirements from the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with the Skills for Care Assessment Principles.

Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Evidence for learning outcomes 1 and 2 is knowledge based and may be based on either the learner's own setting or a simulation/case study.

Evidence for learning outcomes 3 and 4 is skills based and must be demonstrated either in the learner's own work setting or a similar workplace environment.