

Unit Title:	Understand equality, diversity and inclusion in dementia care
Unit reference number:	DEM 207
Level:	2
Credit value:	2
Guided learning hours:	20
Unit expiry date:	31/03/2015
Unit accreditation number:	A/601/2886

Unit purpose and aim

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

Learning Outcomes The learner will:	Assessment Criteria The learner can:	Exemplification
1. Understand and appreciate the importance of diversity of individuals with dementia	<p>1.1 Explain the importance of recognising that individuals with dementia have unique needs and preferences</p> <p>1.2 Describe ways of helping carers and others to understand that an individual with dementia has unique needs and preferences</p> <p>1.3 Explain how values, beliefs and misunderstandings about dementia can affect attitudes towards individuals</p>	<p>An individual is someone requiring care or support</p> <p>Carers and others may be:</p> <ul style="list-style-type: none"> • Care worker • Colleagues • Managers • Social worker • Occupational Therapist • GP • Speech and Language Therapist • Physiotherapist • Pharmacist • Nurse • Specialist nurse • Psychologist • Psychiatrist • Independent Mental Capacity Advocate • Independent Mental Health Advocate • Advocate • Dementia care advisor • Support groups

Learning Outcomes The learner will:	Assessment Criteria The learner can:	Exemplification
		<p>Importance of recognising unique needs and preferences</p> <ul style="list-style-type: none"> • allows for individuality • enables choice • enables social relationships • values the individual • provides the opportunity for mental stimulation • empowers the individual • encourages inclusion • the individual is considered as a unified whole <p>Importance of recognising:</p> <ul style="list-style-type: none"> • biological differences • family background • educational experience • health history • work experiences • culture • values • finances • environment • life experiences <p>Ways of helping by:</p> <ul style="list-style-type: none"> • applying the principles of care • promoting equality and diversity • working in an anti-discriminatory manner • maintaining confidentiality • promoting rights and beliefs • challenging discriminatory behaviour • maintaining quality assurance procedures eg codes of practice, applying legislation to the setting, complaints procedures <p>Attitudes gained through:</p> <ul style="list-style-type: none"> • the media • educational experience • work environment

Learning Outcomes The learner will:	Assessment Criteria The learner can:	Exemplification
		<ul style="list-style-type: none"> • colleagues • family <p>Results of negative attitudes:</p> <ul style="list-style-type: none"> • stereotyping • labelling • prejudice • patronizing others • poor communication • thinking of individuals as a 'burden' • not placing any value on an individual • blaming individuals for their condition • stigma <p>Negative effects of misunderstanding:</p> <ul style="list-style-type: none"> • not feeling valued • becoming withdrawn/isolated • lack of co-operation • being aggressive • could cause verbal abuse • having a low self esteem • making individuals feel uncomfortable • could result in behaviour problems • could feel excluded <p>Positive effects of applying values and beliefs:</p> <ul style="list-style-type: none"> • having a higher self esteem • feeling valued • encourages inclusiveness • promotes the rights of individuals • empowers individuals • encourages a positive attitude • promotes equality • recognises diversity

Learning Outcomes The learner will:	Assessment Criteria The learner can:	Exemplification
2. Understand the importance of person centred approaches in the care and support of individuals with dementia	2.1 Describe how an individual may feel valued, included and able to engage in daily life 2.2 Describe how individuals with dementia may feel excluded 2.3 Explain the importance of including the individual in all aspects of their care	<p>How an individual could feel valued and engaged in daily life:</p> <ul style="list-style-type: none"> • through improved communication • by being able to participate in leisure activities • by having a sense of inclusion • by having a sense of belonging • by feeling able to co-operate with others • by contributing to daily living tasks • through being able to express emotions • by having a sense of humour • having a sense of hope <p>Feeling excluded by care workers:</p> <ul style="list-style-type: none"> • through discriminatory behaviour eg shouting, ignoring, lack of respect • not recognising the diversity of individuals • not providing equality of care • not following organisational requirements eg policies and procedures • ignoring legislation that promotes equality and diversity eg Data protection Act; Discrimination Acts; Equality Act • not maintaining confidentiality <p>Importance of including the individual:</p> <ul style="list-style-type: none"> • improved sense of identity • able to celebrate personal life event • able to make choices • have a higher self esteem • more involvement with

Learning Outcomes The learner will:	Assessment Criteria The learner can:	Exemplification
		outside agencies/people <ul style="list-style-type: none"> • feeling included • attachment • they feel accepted • able to make decisions • able to take more control over their lives
3. Understand ways of working with a range of individuals who have dementia to ensure diverse needs are met	3.1 Describe how the experience of an older individual with dementia may be different from the experience of a younger individual with dementia 3.2 Describe what steps might be taken to gain knowledge and understanding of the needs and preferences of individuals with dementia from different ethnic origins 3.3 Describe what knowledge and understanding would be required to work in a person centred way with an individual with a learning disability and dementia	Person centred way This is a way of working which aims to put the person at the centre of the care situation taking into account their individuality, wishes and preferences Differences: Younger person: <ul style="list-style-type: none"> • being at work at the time of diagnosis • having dependent children • having financial commitments • being physically fit • being more aware of their disease in the early stages • finding it hard to accept • finding it difficult to access information • living in their own home • more socially active Differences: Older person: <ul style="list-style-type: none"> • less aware of the effects of the disease • often too frail to care for themselves • may not be physically fit • may not have any finances to support themselves • may not want to move away from their own home/family • may have sensory impairments • insufficiently occupied Steps for individuals from different ethnic origins: <ul style="list-style-type: none"> • find out about the history of the individual

Learning Outcomes The learner will:	Assessment Criteria The learner can:	Exemplification
		<ul style="list-style-type: none"> • obtaining information from the individual • explore language preferences • provide an interpreter if needed • consult with family over lifestyle eg diet, clothing, hobbies etc • consult about cultural needs • provide information in the individual's own language <p>Working in a person centred way:</p> <ul style="list-style-type: none"> • complete a cognitive ability profile • identify supportive care interventions • adopt universal procedures • adopt the principle of 'believing' • validate the individual's feelings

Assessment

This unit needs to be assessed in line with the Skills for Care and Development QCF Assessment principles.

Candidates will have to produce a portfolio of evidence that meets the requirements of the learning outcomes and assessment criteria in full, taking account of the additional knowledge understanding and skills specified in the unit content.

The evidence can either be drawn from naturally occurring work based activities or alternatively centres can devise tasks/assignments or projects for candidates to complete to generate appropriate evidence. Any centre devised tasks/assignments or projects need to be cross-referenced to the appropriate learning outcomes and assessment criteria to ensure that full coverage can be achieved.

Further guidance on the assessment and evidence requirements and the delivery of the teaching of the content of this unit is available as part of this unit specification.

Evidence requirements

Evidence could be presented using the following methods:

- through employment or work experience, for example, through witness statements
- by means of case studies, based on workplace experience or fictitious
- as a written 'Guide' to help care workers, both professional and informal, who care for individuals who have dementia
- by giving a powerpoint presentation with speaker's notes to formal and informal care workers
- through producing leaflets or handouts to provide information to care workers
- through oral discussion in the workplace or in a learning environment with supporting evidence, for example the questions asked and an outline of the answer or taped evidence
- as posters, where appropriate, providing the depth of the command word in the Assessment Criterion has been met.
- role plays in the learning environment or the workplace which are supported by witness statements
- essay writing with evidence being based on theoretical knowledge and practical experience

This list is not exhaustive but the depth of the command words within the Assessment Criteria must be met.

For their evidence candidates must:

- explain the importance of recognising that individuals with dementia have unique needs and preferences and **why** this is important
- describe **two** ways of helping carers and others to understand that an individual with dementia has unique needs and preferences
- explain how values, beliefs and misunderstandings about dementia can affect attitudes towards individuals
- describe how an individual may feel valued, included and able to engage in daily life, giving **two** examples
- describe how individuals with dementia may feel excluded, giving **two** examples
- explain the importance of including the individual in all aspects of their care, giving **two** reasons why this is important
- describe how the experience of an older individual with dementia may be different from the experience of a younger individual with dementia
- describe at least **three** steps that might be taken to gain knowledge and understanding of the needs and preferences of individuals with dementia from different ethnic origins
- describe what knowledge and understanding would be required to work in a person-centred way with an individual with a learning disability and dementia.

Guidance on assessment and evidence requirements

This section provides guidance for tutors on the types of assessment activities that can be used and evidence to be produced that will ensure coverage of the learning outcomes and related assessment criteria.

Portfolios of work must be produced independently and centres must confirm to OCR that the evidence is the original work of the candidate. Recording documents are provided on the website for this purpose.

Wherever possible, candidates should be encouraged to put the theoretical knowledge into practice through real work or role play. Where role play is used this should reflect working practices in health and social care sector.

Examples of possible sources of evidence/activities/tasks/assignments are shown below but these are not exhaustive nor are the examples shown mandatory. These could include:

A Maintaining Quality Care in Settings

Conduct a survey or an interview: based on a workplace investigation or on the case study given below, for **one** setting that cares for individuals who have dementia. The purpose of the survey is to find out how the setting provides equality, diversity and inclusion in dementia care. Candidates must ask permission from the Manager of the setting:

- if they can conduct a survey or an interview with three care workers
- they can use the questionnaire or interview questions they have developed
- to carry out the survey on three different care workers (this can be both care workers and others) who work in the setting.

Remember the names of those surveyed / interviewed and the name of the setting will need to be changed for reasons of confidentiality.

The survey or interview questions will need to gather information to:

- explain the importance of recognising that individuals with dementia have unique needs and preferences and **why** this is important
- describe **two** ways of helping carers and others to understand that an individual with dementia has unique needs and preferences
- explain how values, beliefs and misunderstandings about dementia can affect attitudes towards individuals
- describe how an individual may feel valued, included and able to engage in daily life, giving **two** examples
- describe how individuals with dementia may feel excluded, giving **two** examples
- explain the importance of including the individual in all aspects of their care, giving **two** reasons why this is important
- describe how the experience of an older individual with dementia may be different from the experience of a younger individual with dementia
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If it is not possible to use a workplace situation the case study below could be used.

Case study: Herringston Residential Home

Herringston Residential Home cares for older adults who require twenty four hour support because they have different types of dementia. It is a privately run care home and is purpose-built. The general feeling from the local community is that it offers a good standard of care. The residential home tends to attract residents from the local area and can be described as a well-established,

multi-cultural neighbourhood. Herringston also has a large outside garden and overlooks the meadows and woods. It is a popular residential home and there is always a waiting list.

Staff at Herringston

A closer look at Herringston Residential Home gives a different picture and there are a number of issues of concern.

- The manager, Joy Lane, was appointed three years ago.
- For two years she was an effective manager. She began to introduce changes to the way the residential home was organised, putting in place policies and procedures to help with the provision of effective care.
- Joy has been ill for the last year and many policies and procedures have yet to be put into working practice.
- Madge Grant, the deputy manager, is now acting manager. She is not meeting the expectations of the staff team and the owner.
- Staff are usually recruited from the local area.
- Two of the 12 staff are from different ethnic backgrounds.
- There is a high turnover of staff and a number of experienced care workers who were trained by Joy Lane have left.

Recent events

Gwen, an older adult of 85, often refuses to eat her lunch. Gwen is physically fit but has vascular dementia. She often wanders into other residents' rooms and is found going through their personal belongings. A care assistant has become fed up and tried to force feed Gwen and has shouted at her saying, 'I'll tie you up on that chair if you don't keep out of other people's rooms'. On one occasion, while holding Gwen, the care assistant tried to force feed her, the care assistant left a bruise on Gwen's arm.

Gwen's daughter has asked to see her care records. Her requests have been refused.

Amir is a Muslim and keeps asking the staff to arrange for him to go to a quiet place so that he can pray. He is told that if he wants to pray he can sit quietly in the lounge and pray there. Amir has tried several times to get a separate room but the answer is always the same, NO. He also wants to celebrate some of his religious beliefs, but staff at Herringston Residential Home just ignore his requests and treat him as though he does not exist.

Hugo and Ron have recently moved into the home and had arranged to have a double room together. Hugo has dementia through Lewy bodies but is in the early stages of development, while Ron is affected by having dementia because the Parietal Lobe is affecting body management and physical integration of experiences. They had lived together for 15 years and had had a civil ceremony of marriage. Madge Grant told them that 'she certainly wasn't going to allow them to have a double bed and share a room'. She gave them separate rooms and both are very upset with Ron being quite aggressive at times.

Hugo and Ron's relatives have made complaints about the way they have been treated but no one has listened to them.

Sophia has dementia mainly because her Temporal Lobe has been affected. She has difficulty in auditory processing of language but physically she also has difficulty dressing and reading. The latter is because her eye-sight is poor. Madge Grant thinks it's too much trouble to get her up so she is left lying in bed all day and her meals are taken up to her. She cannot reach the food so she leaves it and the care assistant just takes it away. Her husband has complained about the treatment she is getting but is told, 'she prefers to stay in bed and is not hungry'.

Examples of poor practice

One of the newly qualified care workers has noticed a number of things that she feels are not good practice and has yet to report these to anyone:

Some care assistants are shouting at Gwen when she has done something wrong. This is causing Gwen to become nervous, withdrawn and upset.

A care worker has made comments about the way that Amir keeps on about his religion and she is heard to make a racist comment about him.

On a busy day information was given out about Hugo and Ron which was personal. It was shared with others who were told about their personal values and the way they wanted to live.

A member of staff has been heard swearing at Sophia because she could not get out of bed by herself. The member of staff has already been warned about this behaviour. Sophia is also saying that some of her money is missing.

Some care workers do not seem to understand Amir, whose preferred language is not English. The care workers are giving him less time and others are becoming impatient with him. He is never asked to join in any activities that are available, but these are becoming less frequent.

Madge Grant has received a number of letters of complaint. These have not been dealt with.

These are some examples showing that Herringston Residential Home is not meeting the standards of good care practice. If the care offered is to improve then there are many changes that will have to be made.

Carry out the survey or interview requirements given for the survey. Add any other experiences you may have knowledge of during work experience or life experience.

Make sure your survey covers all the requirements set out in the 'Evidence Requirements' section of these specifications.

OR

B Caring for individuals who have dementia

You are a care worker at a local residential care home, providing care for individuals who have different forms of dementia. There are three residents for whom you are mainly responsible:

- Marcus who has dementia that has affected his Frontal Lobe, so planning, judging and controlling is difficult for him
- Ahmed who has poor Supporting Frontal Lobe Function, so finds body management difficult as well as integration of physical experiences
- Sue needs Supporting Temporal Lobe care which means repeating information as often as it is needed, 'safe' verbal and non-verbal signals and environmental cues.

Provide care for (or role play) these three residents (you can change the conditions contributing to dementia) explaining to your supervisor why you have taken the actions demonstrated and obtaining witness statements to show that you have carried out the necessary practical tasks. You must:

- explain the importance of recognising that individuals with dementia have unique needs and preferences and why this is important
- describe two ways of helping carers and others to understand that an individual with dementia has unique needs and preferences
- explain how values, beliefs and misunderstandings about dementia can affect attitudes towards individuals
- describe how an individual may feel valued, included and able to engage in daily life, giving **two** examples
- describe how individuals with dementia could feel excluded, giving **two** examples
- explain the importance of including the individual in all aspects of their care, giving **two** reasons why this is important
- describe how the experience of an older individual with dementia may be different from the experience of a younger individual with dementia
- describe at least **three** steps that might be taken to gain knowledge and understanding of the needs and preferences of individuals with dementia from different ethnic origins
- describe what knowledge and understanding would be required to work in a person-centred way with an individual with a learning disability and dementia.

Make sure your responses cover all the requirements set out in the 'Evidence Requirements' section of these specifications.

OR

C Producing a Manual for New Staff

You have been asked to help produce a Manual for new staff to help them understand how a residential home or a day care centre provide quality care with emphasis on equality, diversity and inclusion.

You must include materials to cover all 'Evidence Requirements'. The materials can include:

- handouts

- leaflets
- written instructions
- diagrams
- case studies

Make sure your Manual covers all the requirements set out in the ‘Evidence Requirements’ section of these specifications.

Guidance on delivery

OCR does not stipulate the mode of delivery for the teaching of the content of this unit. Centres are free to deliver this unit using any mode of delivery that meets the needs of their candidates.

Centres should consider the candidates’ complete learning experience when designing learning programmes.

It is anticipated that there will be some formal teaching and input to develop fully the knowledge and understanding identified in the specification.

For AC1.1 candidates could be asked to work in pairs. Each pair could be given a case study. These could be found on the internet site ‘healthtalkonline’ or from the ‘Alzheimer’s Society’s, ‘Living with Dementia’ on-line magazine located at:
www.alzheimers.org.uk/site/scripts/documents.php?categoryID-200241

For each case study the candidates need to suggest:

- what are the factors that contribute to uniqueness?
- what needs and preferences might the individuals in the case study have?

The case studies and the findings could be shared as a whole group followed by discussion. Those in the group who are employed or who have a work experience placement could share with the whole group ‘why’ they find it is important to recognise that individuals who have dementia have uniqueness and preferences and what those preferences are.

For AC1.2 it would be helpful if a guest speaker could be invited to the centre to discuss with the candidates the different ways of helping carers and others to understand that an individual with dementia has unique needs and preferences. The speakers will need to be directed to the topics that need to be covered within the assessment criteria. Candidates need to be prepared prior to the visit by drawing up possible questions to ask, making sure that these are relevant and sensitive.

Alternatively, candidates in employment or a work experience placement could draw on knowledge of individuals with dementia, providing names are changed to protect confidentiality.

When considering AC1.3 different types of ‘attitudes’ could be listed on pieces of card and one or two cards given to each pair of candidates. The paired individuals could carry out book, internet research or talk with care workers or others in the workplace, to find out about the two different attitudes given on their cards. They would need to be encouraged to find out:

- the meaning of the attitude
- how it is portrayed by the individual who has the attitude
- how it could be reflected in their caring for individuals with dementia
- the effects of the attitude on the individual with dementia
- how the individual’s behaviour is likely to be affected by the attitude

Following the paired research a whole group discussion could be based on the results.

'Knowing ourselves' is an important aspect of any carer's role. If individuals who are providing care and support have prejudices or stereotyping or labelling then this is likely to reflect on those who are receiving the care. Candidates need to be encouraged to think about any 'attitude' that they may have and how best to deal with the situation. An example is given in the scenario below:

'Jackie, who was in her early 60's had bought a static home near the seaside. Her holiday home was situated in an 'owner's only' park and the homes could not be rented out. Jackie stood on the balcony admiring the view of the sea and was feeling really pleased that she had made the purchase. Just at that point another owner exited his caravan. He was a young man and to Jackie's horror he had an ear ring in his lip, in his nose, in his eye brow and in his ear. Jackie's first thought was, 'wherever have I come to'? The young man approached the caravan and greeted Jackie in a very pleasant way and told her if she ever needed any help she was to call him.

Jackie then realised her mistake. She was prejudiced against those who used this type of body language. She never thought of herself as being prejudiced but she was! She had to think carefully about how this type of prejudice or stereotyping had arisen and how best to resolve this issue.'

Prejudice and stereotyping can arise from a number of factors such as family, location, values, education, the media etc.

After discussing this case study the candidates could be asked to work in pairs to share any thoughts that they might have about their own attitudes and what could be done to resolve these. Candidates could then be asked if any of the items they had discussed in pairs could be shared with the whole group. Pressure should not be put on individuals to do so.

For AC2.1 candidates could be asked to think about individuals that they are caring for or have cared for who have dementia. How did they help the individuals to feel valued, included and able to engage in daily life? A short part of a film or DVD could be shown eg *Iris* or *Away From Her*'. The candidates could be asked to consider how different individuals could feel valued, included and able to engage in daily life.

Candidates could benefit from tutor input at this point by gaining information about legislation that is currently in place to prevent discrimination, to promote equality, diversity, inclusiveness and to maintain confidentiality, which are the 'principles of care'.

A powerpoint presentation may be helpful to give an overview of the legislation but candidates will need to understand:

- how the legislation impacts on a care setting
- what are policies and how do these impact on care settings?
- what are organisational procedures and why do these need to be in place?
- what is discriminatory practice and how can it be overcome?
- how do these principles affect the care that is being provided to individuals with dementia?

A whole group discussion could focus on different ways of including the individual in all aspects of their care for AC2.3. This could be followed by presenting the whole group with a case study of an individual with dementia. From the case study the group work together to create a care plan for the individual to show:

- how they could be included
- why it is important to include them in their care

Tutor input could be of benefit for AC3.1 when considering how the experience of an older person with dementia may be different from the experience of a younger individual with dementia. Alternatively a Dementia Advisor could be invited to the centre to discuss the issues.

A Dementia Advisor could also be asked to cover the issues in AC3.2 and AC3.3 when considering the steps that could be taken to gain knowledge and understanding of the needs and preferences of individuals with dementia who come from different ethnic origins or who have learning difficulties.

For the latter a cognitive ability profile would be helpful in establishing sound facts about the starting point when planning how to work in a person-centred way. A cognitive profile provides knowledge about cognitive issues in dementia that can be transferred into the set of knowledge held by the dementia workforce. The cognitive profile template could have five sections:

- visual
- body management
- memory
- communication
- planning judging and controlling

A copy of the cognitive profile can be found in, 'Enriched Care Planning for people with Dementia', by Hazel May, Paul Edwards and Dawn Brooker on page 162 and 163. This cannot be photocopied unless application is made for the owner's permission.

Hints and Tips for Conducting a Survey or Interview for Assessment

Producing a questionnaire that is fit for purpose is quite a difficult task for candidates. It is essential that the questionnaire is correct if the survey is to be meaningful. It is suggested, therefore, that 'paired work' is carried out where the candidates work together to produce questions for a particular aspect of the survey or interview eg maintaining confidentiality. Each pair could try to produce three or four questions for one aspect of the survey. The second stage in the process could be small group work, where pairs come together who have been developing questions for a different focus on quality care, for example, promoting diversity or promoting equality etc. This could be followed by a whole group discussion on:

- what is the question asking?
- what answers is it likely to produce?
- is the question framed in a sensitive way?

It may be useful for candidates to trial questions before their use with care workers or individuals in case amendments are necessary. Candidates will then be in a stronger position to produce their own questionnaire. This questionnaire should be shown to the Manager of the care setting prior to the survey being conducted.

Candidates will need to approach care settings in order to demonstrate their knowledge and understanding of the care worker's role in promoting diversity, their responsibility in promoting equality, inclusion, anti-discrimination and the maintenance of confidentiality.

Appropriate support and guidance should be given to candidates to help them in choosing three care workers or others within the setting that are likely to generate informative responses. Enabling candidates to develop meaningful interview questions or questionnaires will ensure that the time spent in the workplace or with the care workers in the centre, if a visit to a setting cannot be arranged, will provide appropriate information on how that particular setting maintains quality practice.

This practical activity could be carried out in a residential home, a nursing home, a day centre for example, or any setting where individuals with dementia receive care. If a visit to a care setting cannot be arranged candidates could arrange for three different care workers to visit the centre or could role play their survey/interview. The information gathered should show that the candidate is aware of how that particular care setting maintains quality practice in relation to diversity, equality,

anti-discrimination, inclusion and maintaining confidentiality. The instructions to candidates should guide them into generating appropriate evidence.

The results of the survey or interview could be presented using pie charts/graphs to help explain complex information. Candidates should be encouraged to draw conclusions, expressing either their opinions, a theoretical opinion or the opinion of others. A range of sources should be used and recorded in the form of a bibliography or source list.

National occupational standards (NOS) mapping/signposting

This unit has been developed by Skills for Care and Development in Partnership with Awarding Organisations. It provides a key progression route between education and employment (or further study/training leading to employment). It is directly relevant to the needs of employers and relates to national occupational standards developed by Skills for Care and Development.

As such, the unit may provide evidence for the following national occupational standards in the children and young people's workforce developed by Skills for Care and Development:

HSC 21, 31, 41, 24, 35, 45

NOS can be viewed on the relevant Sector Skills Council's website or the Occupational standards directory at www.ukstandards.co.uk.

Functional skills signposting

This section indicates where candidates may have an opportunity to develop their functional skills.

Functional Skills standards can be viewed at <http://www.qcda.gov.uk/15565.aspx>

Functional Skills Standards					
English		Mathematics		ICT	
Speaking and Listening		Representing	✓	Use ICT systems	✓
Reading	✓	Analysing		Find and select information	✓
Writing	✓	Interpreting		Develop, present and communicate information	✓

Resources

Books

Dementia Care Training Manual for Staff Working in Nursing and Residential Settings; Danny Walsh; Jessica Kingsley Publishers (2006)

Dementia Reconsidered; T Kitwood: Open University (1997)

Enriched Care: Planning for people with Dementia; Hazel May, Paul Edwards and Dawn Brooker; Jessica Kingsley Publishers (2009)

Ethical Issues in Dementia Care: Making Difficult Decisions; Julian C Hughes and Clive Baldwin; Jessica Kingsley Publishers (2009)

Experiential learning Experience as the Source of learning and Development; D Kolb; Prentice Hall (1984)

Living in the Laybyrith; Diana Friel McGowin; New York: Delacourt Press (1993)

Person-person: A Guide to the Care of those with Failing Mental Powers; T Kitwood and K Bredin; Loughton (1992)

The dementia care workbook; Gary Morris and Jack Morris; Open University Press (2010)

Dementia Reconsidered: The Person Comes First; T Kitwood; Open University Press;(1997)

NVQs in Nursing and Residential Homes; Linda Nazarko; Blackwell Publishing; (1996)

Care and the Registered Managers Award: NVQ Level 4; Christina Toft; Hodder and Stoughton; (2003)

Websites

<http://www.ageuk.org.uk>

www.alzheimers.org.uk/index.php

www.age-exchange.org.uk

www.bradford.ac.uk

www.alz.co.uk/carers/yourself.html

www.bbc.co.uk

www.bbc.co.uk/health/physical_health/conditions/dementia1.shtml

www.dementiacafe.com/news.php

www.atdementia.org.uk/

www.dasinternational.org

Organisations

Alzheimer's Society

Devon House

58 St Katharine's Way

London E1W 1LB

E mail: enquiries@alzheimers.org.uk

Carers UK

20 Great Dover Street

London

SE1 4LX

Email: info@carers.org.uk

Mind (National Association for Mental Health)

PO Box 277

Manchester

M60 3XN

Additional information

For further information regarding administration for this qualification, please refer to the OCR document '*Administrative Guide for Vocational Qualifications*' (A850).

This unit is a shared unit. It is located within the subject/sector classification system 01.3 Health and Social Care.