



Provide support to people living with dementia

CHCAGE011

Assessment 1 of 1

Short Answer Questions



Assessment Instructions

Task overview

This assessment task requires you to answer 18 short answer questions. Read each question carefully before typing your response in the space provided.

To complete this assessment, you will need access to an electronic device such as a computer or tablet and have internet connection to conduct research as required, accessing various sources of information using digital media.

Submission requirements

To be eligible to be deemed competent in this assessment, you are required to complete and submit this assessment document. Word documents will not be accepted. Please save any Word documents as PDF files before submitting.

Most modern web browsers can open and display a PDF file. However, if you have an older operating system, you may need a PDF reader installed on your device, such as the Acrobat Reader, available from Adobe.

Windows: Word 2013 and newer

Choose **File > Export > Create PDF/XPS**.

Windows: Word 2010

1. Click the File tab
2. Click Save As
 - To see the Save As dialog box in Word 2013 and Word 2016, you have to choose a location and folder
3. In the File Name box, enter a name for the file, if you haven't already
4. In the Save as type list, click PDF (*.pdf).
 - If you want the file to open in the selected format after saving, select the Open file after publishing check box.
 - If the document requires high print quality, click Standard (publishing online and printing).
 - If the file size is more important than print quality, click Minimum size (publishing online).
5. Click Options to set the page to be printed, to choose whether markup should be printed, and to select output options. Click OK when finished.
6. Click Save.

macOS: Office for Mac

To save your file as a PDF in Office for Mac follow these easy steps:

1. Click the File
2. Click Save As
3. Click File Format towards the bottom of the window
4. Select PDF from the list of available file formats
5. Give your file a name, if it doesn't already have one, then click Export

For more detailed instructions refer to [Microsoft Support](#)

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Assessment Information

Submission

You are entitled to three (3) attempts to complete this assessment satisfactorily. Incomplete assessments will not be marked and will count as one of your three attempts.

All questions must be responded to correctly to be assessed as satisfactory for this assessment.

Answers must be typed into the space provided and submitted electronically via the LMS. Hand-written assessments will not be accepted unless previously arranged with your assessor.



Reasonable adjustment

Students may request a reasonable adjustment for assessment tasks.

Reasonable adjustment usually involves varying:

- the processes for conducting the assessment (e.g. allowing additional time)
- the evidence gathering techniques (e.g. oral rather than written questioning, use of a scribe, modifications to equipment)



However, the evidence collected must allow the student to demonstrate all requirements of the unit.

Refer to the Student Handbook or contact your Trainer for further information.



Please consider the environment before printing this assessment.

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Question 1

Below are four (4) areas of current research in dementia. Conduct online research on one (1) of the areas listed below, and briefly explain the findings of the research.

1. Brain Imaging
2. Genetics
3. Lifestyle Factors
4. Drug Development

Student note: The online research for your selected area should not be more than five years (5) old and it should be from a valid source, so include the website link from where you found the information on your current research topic.

Assessor note: Student must include a website link for their chosen research topic and it should not be more than five (5) years old and is from a trusted website. Sample answers are provided below.

(Word count Approximate 260-265 words)

- **Brain imaging:** Researchers at the Florey Institute of Neuroscience and Mental Health in Melbourne are using advanced MRI techniques to study the structural and functional changes in the brain that occur in people with dementia. The study involves a large cohort of people with Alzheimer's disease, frontotemporal dementia, and other types of dementia, and aims to improve our understanding of the underlying causes of these conditions. (<https://www.florey.edu.au/science-research/science-themes/neurodegeneration-and-repair/neurodegeneration-and-dementia-research>)
- **Genetics:** Researchers at the University of Adelaide are using genetic sequencing and other techniques to study the genetic basis of frontotemporal dementia, a type of dementia that affects the frontal and temporal lobes of the brain. The study aims to identify new genetic variants that contribute to the development of the disease and to improve our understanding of the underlying mechanisms. (<https://www.adelaide.edu.au/newsroom/news/list/2020/10/15/researchers-uncover-new-clues-in-frontotemporal-dementia>)
- **Lifestyle factors**(can include diet, exercise, social engagement) A study published in 2018 by researchers at the University of Melbourne found that regular exercise and a healthy diet may help reduce the risk of dementia. The study analyzed data from over 1,500 participants and found that those who engaged in regular physical activity and had a healthy diet had a lower risk of cognitive decline. *Journal of Nutrition, Health & Aging*, 22(2), 246-251. Available at: <https://link.springer.com/article/10.1007/s12603-017-0937-3> [Accessed 6 April 2023].
- **Drug development:** Researchers at the University of Sydney are investigating the use of a drug called rapamycin for the treatment of frontotemporal dementia, a type of dementia that affects the frontal and temporal lobes of the brain. The drug has shown promise in preclinical studies and is now being tested in clinical trials. (<https://sydney.edu.au/news-opinion/news/2021/02/22/new-hope-for-treating-frontotemporal-dementia.html>)

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Question 2

In the table below are features of most common types of dementia. You are required to:

- identify and name the type of dementia.
- list two (2) causes of the type of dementia.

You must complete all parts of the question.

Assessor note: Students must identify the correct type of dementia and list two (2) causes as per the sample answer provided below.

(Approximate word count: 300-350 words total)

Features	Name the type of dementia	List two (2) causes
a. This is the most common type of dementia, accounting for up to 70% of all case. It initially affects the hippocampus, which is responsible for memory and learning.	Alzheimers disease	<ol style="list-style-type: none"> 1. Genetics: Certain genes, such as the APOE gene, have been linked to an increased risk of developing Alzheimer's disease. 2. Age: Alzheimer's disease is most common in people over the age of 65, and the risk increases as people get older. 3. Lifestyle factors: Research suggests that lifestyle factors such as diet, exercise, and social engagement may play a role in the development of Alzheimer's disease. For example, a diet high in saturated fat and cholesterol may increase the risk, while regular physical activity and mental stimulation may decrease the risk. 4. Brain changes: Alzheimer's disease is characterized by the accumulation of beta-amyloid protein plaques and tau protein tangles in the brain, which can interfere with normal brain function and eventually lead to the death of brain cells. 5. Inflammation: Chronic inflammation in the brain has been linked to Alzheimer's disease, and may be caused by factors such as infections, head injuries, or chronic stress.
b. This type of dementia is characterised by a series of small strokes	Vascular dementia or multi-infarct dementia:	<ol style="list-style-type: none"> 1. High blood pressure: Hypertension is a major risk factor for VaD, as it can damage

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<p>that damage different parts of the brain. The parts of the brain that are affected will depend on the location of the strokes.</p>		<p>the blood vessels in the brain over time.</p> <ol style="list-style-type: none"> 2. Atherosclerosis: The buildup of plaque in the arteries, a condition known as atherosclerosis, can also increase the risk of VaD. 3. Diabetes: Diabetes is another risk factor for VaD, as it can lead to damage to the blood vessels in the brain and other organs. 4. Smoking: Smoking has been linked to an increased risk of VaD, as it can damage the blood vessels throughout the body.
<p>c. characterized by a combination of symptoms from both Alzheimer's disease and Parkinson's disease.</p>	<p><u>Lewy bodies:</u></p>	<ol style="list-style-type: none"> 1. Genetics: LBD can sometimes run in families, and some genetic mutations have been linked to an increased risk of developing the condition. 2. Age: Lewy body dementia is more common in people over the age of 60, although it can occur in younger people as well. 3. Environmental factors: Exposure to certain toxins or chemicals may increase the risk of developing LBD. 4. Other medical conditions: People with certain medical conditions, such as Parkinson's disease or REM sleep behavior disorder, may have a higher risk of developing LBD. 5. Brain injuries: Traumatic brain injuries have been associated with an increased risk of developing LBD.
<p>d. This is a general term that can refer to any type of dementia that affects individuals under the age of 65. The parts of the brain affected will depend on</p>	<p><u>Younger onset dementia:</u></p>	<ol style="list-style-type: none"> 1. Infections: Certain infections, such as HIV/AIDS, can cause damage to the brain that may lead to the development of dementia. 2. Substance abuse: Long-term alcohol or drug abuse can

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<p>the specific type of dementia.</p>		<p>damage the brain and increase the risk of developing dementia.</p> <ol style="list-style-type: none"> 3. Cardiovascular disease: Cardiovascular disease, including high blood pressure, high cholesterol, and diabetes, can increase the risk of developing dementia. 4. Environmental factors: Chronic stress, Exposure to environmental toxins, such as lead, can increase the risk of developing dementia. 5. Lifestyle factors: Unhealthy lifestyle factors, such as a poor diet, lack of exercise, and smoking, can increase the risk of developing dementia.
<p>e. This type of dementia damages the brain and can result in the person developing alcohol-related dementia</p>	<p>Korsakoff's Syndrome and Alcohol-Related Dementia</p>	<ol style="list-style-type: none"> 1. Direct toxic effects of alcohol on the brain: Long-term heavy alcohol use can cause damage to the brain cells, leading to cognitive impairment and memory loss. 2. Nutritional deficiencies: Alcohol can interfere with the absorption of certain vitamins and minerals, such as thiamine, which is essential for brain function. Chronic alcohol use can lead to malnutrition and thiamine deficiency, which can contribute to the development of dementia. 3. Liver disease: Long-term heavy alcohol use can cause liver damage and impair its ability to remove toxins from the body, leading to further damage to the brain. 4. Cardiovascular disease: Chronic heavy alcohol use can increase the risk of cardiovascular disease, which can lead to reduced blood flow to the brain and contribute to the development of dementia.

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		<p>5. Other lifestyle factors: Individuals who abuse alcohol may also have other unhealthy lifestyle factors, such as poor diet and lack of exercise, which can further increase their risk of developing dementia.</p>
<p>f. characterised by uncontrollable, jerky body movements (known as chorea), which can resemble dancing. It is a brain disease that affects the nervous system</p>	<p>Hungtingtons disease</p>	<ol style="list-style-type: none"> 1. Toxic effects of the mutant protein: The mutant huntingtin protein can accumulate in the brain cells, disrupting their normal function and leading to their degeneration and death. 2. Interference with normal cellular processes: The mutant protein can interfere with the normal cellular processes, such as the regulation of gene expression and the transport of proteins within the cells. 3. Neuroinflammation: The accumulation of the mutant protein can trigger an inflammatory response in the brain, leading to further damage and cell death. 4. Genetic and environmental factors: While HD is caused by a genetic mutation, there is evidence that environmental factors may also play a role in the development and progression of the disease.
<p>g. is caused by damage to the frontal and/or temporal lobes of the brain, which govern self-control, mood, social skills, attention, planning and judgement</p>	<p>frontotemporal</p>	<ol style="list-style-type: none"> 1. Genetic factors: Some cases of FTD are caused by mutations in certain genes, such as the MAPT, GRN, and C9orf72 genes. These mutations can lead to the abnormal accumulation of proteins in the brain, which can cause damage to the brain cells and lead to the development of FTD. 2. Environmental factors: There is some evidence to suggest that exposure to certain environmental toxins, such as

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		<p>pesticides, may increase the risk of developing FTD.</p> <ol style="list-style-type: none"> 3. Age: FTD typically occurs in individuals between the ages of 45 and 65, although it can occur at any age. 4. Gender: FTD appears to be slightly more common in men than in women. 5. Family history: Individuals with a family history of FTD or other neurodegenerative disorders may be at increased risk of developing the disease.
<p>h. is characterized by the loss of dopamine-producing neurons in the substantia nigra, which leads to the characteristic motor symptoms of the disease, such as tremors, rigidity, and bradykinesia.</p>	<p>Parkinsons</p>	<ol style="list-style-type: none"> 1. Genetic factors: Although most cases of Parkinson's disease are not inherited, there are some genetic mutations that can increase the risk of developing the disease. For example, mutations in the LRRK2, SNCA, and Parkin genes are known to be associated with increased risk of PD. 2. Environmental factors: Exposure to certain toxins, such as pesticides and herbicides, has been linked to an increased risk of developing Parkinson's disease. It has also been suggested that head injuries, particularly those that involve loss of consciousness, may increase the risk of PD. 3. Age: Parkinson's disease is more common in older adults, with the risk increasing significantly after the age of 60. 4. Gender: Parkinson's disease appears to be slightly more common in men than in women. 5. Family history: Individuals with a family history of Parkinson's disease may be at increased risk of developing the disease. 6. Neuroinflammation: Inflammation in the brain may contribute to the development

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		and progression of Parkinson's disease.
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Question 3

Explain the three (3) pathological features listed below that contribute to the progressive nature of dementia as a neurological condition.

(Approximate word limit: 185-195 words)

Assessor note: Students must provide a brief explanation as per the below sample answer, however students wording may vary

Amyloid plaques - are clumps of a protein called beta-amyloid that build up between nerve cells in the brain. Beta-amyloid is normally produced as a by product of normal brain activity, but in dementia, it accumulates excessively and forms plaques. These plaques disrupt communication between neurons, impairing their function and contributing to the progression of dementia.

Neurofibrillary tangles- are twisted fibers of a protein called tau that build up inside nerve cells. These tangles can disrupt the internal structure of cells and interfere with their ability to communicate with other cells. In dementia, tau proteins become abnormally modified and clump together, forming tangles. These tangles disrupt the normal functioning of neurons and contribute to their degeneration and death, leading to cognitive decline

Loss of connection between cells and cell death - occur as a result of damage to brain tissue caused by the accumulation of amyloid plaques and neurofibrillary tangles. Dementia involves the gradual degeneration and death of neurons, particularly in brain regions crucial for memory, cognition, and other cognitive functions. As brain cells die off, the connections between them are lost, leading to further cognitive decline and behavioral changes.

Question 4

In the table below, list five (5) common indicators and symptoms of dementia.

(Word count Approximate: 100-105 words total)

Student note: An example is provided to you below highlighted in RED for common indicator and symptom. You are required to base your answers on other kind of common indicators and align them with the symptoms. The example should not be used as part of your answer.

Assessor note: Student must identify five (5) common indicators and symptoms as per the sample answer provided below apart from the example.

Common indicator	Symptom
EXAMPLE: Memory loss	Ongoing difficulty in remembering recent events or important information.

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Communication difficulties	Struggling to find the right words or express thoughts coherently.
Impaired judgment and reasoning	Difficulty making decisions or solving problems.
Personality changes	Changes in mood, behavior, or personality, including depression, anxiety, and social withdrawal.
Disorientation	Getting lost in familiar places, struggling to recognize familiar people, or difficulty understanding one's surroundings. Difficulty completing familiar tasks: Struggling with tasks that were once familiar, such as cooking, dressing, or driving.
Poor spatial awareness and difficulty with visual perception	Difficulty judging distances, recognizing colors, or reading.
Misplacing items or forgetting their purpose	Forgetting where items are placed or what they are used for.

Question 5

Read the case study below and answer the related questions.

Assessor note: Benchmark answers provided below. Students' answers must align as per sample answers provided below however wording may vary.

Case study:

Mrs. Brown is an 85-year-old woman with dementia who has recently moved in a residential care facility. Since her move, she has been exhibiting behaviors such as wandering, being confused and agitated most of the time and restlessness. Staff members have observed that Mrs. Brown often appears confused and disoriented, and she frequently asks to go home. Over the past month, due to construction going on across the street there is continually increased noise levels which is impacting some of the resident's day to day activities and social interactions. The staff members have also noticed that Mrs Brown's sleeping pattern is not the same and she has been seen wandering around at night when the other residents are sleeping. The behavior has become more frequent and intense, and staff members are concerned about Mrs. Brown's well-being and the well-being of those around her.

- a. Identify two (2) triggers in this situation contributing to Mrs Brown behaviour.

(Approximate word count 70-80 words total)

a) The increased noise levels due to the construction across the street may be a trigger for Mrs. Brown's behaviors. The loud and unpredictable sounds may cause her to feel overwhelmed and overstimulated, leading to increased restlessness and confusion.

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b) Mrs. Brown's frequent requests to go home suggest that she may be feeling homesick and disoriented in the new environment. The unfamiliar surroundings and lack of familiar faces may be contributing to her feelings of confusion and disorientation.

- b. Identify (2) behaviours as an indicator of Mrs Brown's unmet needs.

(Approximate word count:60-65 words)

a) Need for Familiarity: Mrs. Brown may be feeling disoriented and confused in the new environment, and she may be struggling to adjust to the unfamiliar routines and surroundings
b) Need for Sleep: Mrs. Brown's wandering at night may be a result of an unmet need for sleep. The disrupted sleep patterns due to the noise pollution may be contributing to her restlessness and confusion.

- c. List two(2) Impact of environment

(Approximate word count:45-50 words)

a) The environment may also be contributing to Mrs. Brown's agitated behavior. For example, loud noises or crowded spaces may be overwhelming for her.
B)The unfamiliar surroundings and routines of the aged care facility may cause Mrs Brown to feel confused and disoriented, leading to increased agitation and restlessness

- d. List two (2) potential strategies for addressing Mrs Brown's behaviour

(Approximate word count:140-150 words)

Personalised care plan using person centred care approach - This approach involves tailoring care to meet the individual needs and preferences of each person with dementia. In Mrs. Brown's case, this might involve working with her to identify the triggers for her behavior and finding ways to address her unmet needs. This could include providing opportunities for social engagement, ensuring that her environment is calming and familiar, and incorporating her personal preferences and routines into her care plan.
Environmental Modifications: Making modifications to the environment can help to address some of the triggers for Mrs. Brown's behavior. For example, the staff could look into soundproofing Mrs. Brown's room or providing her with a noise cancelling headphones to help mitigate the impact of the construction noise. They could also consider installing motion sensors or other safety measures to help prevent Mrs. Brown from wandering at night.

- e. List two(2) therapeutic interventions that could be implemented to address Mrs. Brown's behavior.

(Approximate word count:125-130 words)

Validation Therapy: This intervention involves accepting and empathizing with the person's experience, even if it doesn't align with reality. This can help to reduce the person's anxiety and agitation, and improve their overall well-being. In Mrs. Brown's case, the staff could use validation therapy to acknowledge her feelings of confusion and disorientation, and help her to feel more calm and comfortable in her new environment.

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Reminiscence Therapy: This intervention involves encouraging individuals with dementia to recall and share memories from their past. This can help to reduce feelings of isolation and improve mood and cognitive function. In Mrs. Brown's case, reminiscence therapy could be used to help her feel more connected to her past and her personal history, which may help to reduce her feelings of anxiety and confusion.

Question 6:

There are six parts to this question (a-f) you must complete all the parts.

Assessor note: Students must answer all the questions correctly and in line with the benchmark sample answers provided below however there wording may vary.

a) Briefly explain what constitutes a restrictive practice.

(Approximate word count:40-45 words)

Restrictive practices in dementia refer to the use of physical, chemical, or environmental restraints to manage challenging behaviors in people with dementia. A restrictive practice constitutes practices that restricts a person's freedom of movement or choice, and can include the use of physical restraints, sedatives, bed rails, or other devices. These practices can have negative effects on a person's well-being and quality of life, and therefore should be used only as a last resort when all other options have been exhausted

b) List four (4) common Legislative and regulatory requirements that govern the use of restrictive practices across all jurisdictions in Australia.

Assessor note: Students answers must be based on sample answer provided below and must include four options provided below.

(Approximate word count:150-200 words)

In all the states and territories of Australia the following legislative requirements are applicable:

Aged Care Quality Standards: The Aged Care Quality Standards set out the expectations for quality care and services in residential aged care. Standard 3 requires that providers ensure that the care and services provided are safe and free from abuse and neglect, including the inappropriate use of restrictive practices.

Aged Care Act 1997: The Aged Care Act 1997 provides the legislative framework for the provision of aged care in Australia. The Act includes provisions that restrict the use of restrictive practices and require providers to have policies and procedures in place for the use of such practices.

National Framework for Action on Dementia: The National Framework for Action on Dementia provides a framework for improving the quality of care and support for people with dementia in Australia. The framework emphasizes the importance of person-centered care and the need to avoid the inappropriate use of restrictive practices.

State and Territory legislation: Each state and territory in Australia has its own legislation and regulations governing the use of restrictive practices in aged care. For example, in Victoria, the Use of Restraints in Residential Aged Care Facilities Policy sets out the requirements for the use of restraints and the need to use them as a last resort.

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c) List five(5) common policies and procedures that most aged care facilities and organisations have in place to guide the use of restrictive practices.

(Approximate word count 250-300 words.)

Assessor note: Students answers must be based on sample answer provided below and must include five (5) out of seven(7)options provided below.

Organizational policies and procedures related to restrictive practices should outline the circumstances in which these practices may be used, the types of restrictive practices that may be used, the conditions under which they may be used, and the monitoring and review processes that must be followed. The policies should include:

1. **Informed consent:** Before any restrictive practice is applied, the person receiving care must provide their informed consent, or the consent of their substitute decision-maker if they are unable to provide consent. This includes being informed of the risks and benefits of the practice, as well as any alternatives.
2. **Use of least restrictive alternative:** Restrictive practices should only be used when no other alternative is available, and the practice should be the least restrictive alternative that is appropriate for the person's needs.
3. **Monitoring and review:** Any use of restrictive practices must be closely monitored and regularly reviewed to ensure they are still necessary and appropriate. This includes ensuring that the practice is achieving its intended purpose and that it is not causing harm or distress to the person.
4. **Training and education:** All staff involved in the use of restrictive practices must receive appropriate training and education on the risks and benefits of these practices, as well as alternatives and how to implement them.
5. **Reporting and recording:** Any use of restrictive practices must be reported and recorded in the person's medical records, and this information must be accessible to relevant staff and authorities as needed.
6. **Rights and advocacy:** People receiving care have the right to access advocacy and support services to assist them in making decisions about their care, including decisions about the use of restrictive practices.
7. **National guidelines:** In addition to state and territory legislation and regulations, there are also national guidelines and codes of practice that provide guidance on the use of restrictive practices in healthcare, such as the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector.

d) List three(3) Positive strategies that staff could implement to minimise the need of restrictive practice.

Assessor note: Students answers must be based on sample answer provided below and must include three(3) out of five(5)options provided below.

(Approximate word count 140-150 words.)

1. **Developing a comprehensive care plan:** A care plan should be developed for each individual with dementia that outlines their specific needs and preferences, as well as any potential triggers that may result in challenging behaviors. This will help to identify appropriate interventions and strategies to prevent and manage challenging behaviors, and to minimize the need for restrictive practices.

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2. Implementing non-pharmacological interventions: Non-pharmacological interventions such as sensory stimulation, music therapy, and physical activity can be effective in reducing challenging behaviors and promoting relaxation in individuals with dementia. These strategies should be implemented before considering the use of restrictive practices.
3. Using least restrictive options: When restrictive practices are deemed necessary, it is important to use the least restrictive option possible. For example, instead of using physical restraints, a supportive chair or bed that limits movement may be a better option.
4. Regularly reviewing the use of restrictive practices: The use of restrictive practices should be regularly reviewed to ensure they are still necessary and appropriate. This can help to minimize their use over time and identify alternative strategies to manage challenging behaviors.
5. Providing training and support for staff: Staff working with individuals with dementia should be trained in appropriate communication techniques and strategies for managing challenging behaviors. They should also be provided with ongoing support and supervision to ensure they are using restrictive practices appropriately and ethically.

e) List two(2) ethical considerations in use of restrictive practices.

Assessor note: Students answers must be based on sample answer provided below and must include two(2) out of three(3) options provided below

(Approximate word count 130-150 words.)

- 1) One ethical consideration is the potential violation of human rights. Restrictive practices can impede an individual's autonomy and dignity, as they limit their ability to make decisions and move freely. People with dementia have the same rights as any other individual, including the right to dignity, privacy, and freedom from abuse or neglect. The use of restrictive practices must be carefully considered and implemented to ensure that these rights are not violated.
- 2) Another ethical consideration is the potential for harm. Restrictive practices can be physically and emotionally harmful to individuals with dementia. For example, physical restraints can cause pain, injury, and even death. The use of chemical restraints can lead to sedation, confusion, and other adverse effects. This potential harm must be carefully weighed against the benefits of using restrictive practices.
- 3) Another ethical consideration is there is a risk that restrictive practices may be overused or used inappropriately. In some cases, these practices may be used simply as a convenience for staff or caregivers, rather than as a last resort to manage difficult behaviors. It is essential to ensure that restrictive practices are only used when absolutely necessary and that less restrictive alternatives are considered first.

f) Briefly explain the documentation requirements for use of restrictive practices and list five(5) relevant documents.

Assessor note: Students answers must be based on sample answer provided below and must include list five (5) out of seven(7) options provided below

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(Approximate word count 260-270 words.)

The use of restrictive practices typically requires detailed documentation, including the reasons for the intervention, the informed consent process, and ongoing monitoring and review of the intervention. The staff at the long-term care facility should maintain detailed records of the interventions implemented and their outcomes.

1. **Policy and Procedure Manual:** This manual should outline the organization's policy and procedures relating to the use of restrictive practices. It should include information on the types of restrictive practices that may be used, the conditions under which they may be used, and the monitoring and review processes that must be followed.
2. **Consent Forms:** Before any restrictive practice is used, the resident or their representative must provide informed consent. Consent forms should be completed and signed by the resident or their representative, and a copy should be kept on file.
3. **Risk Assessment and Management Plan:** A comprehensive risk assessment and management plan should be completed for each resident who is at risk of exhibiting challenging behavior. The plan should include information on the types of restrictive practices that may be used, the conditions under which they may be used, and the less restrictive alternatives that have been tried.
4. **Incident Reports:** Any incidents related to the use of restrictive practices, such as falls, injuries, or adverse reactions, should be documented in an incident report. The report should include details of the incident, the date and time, the individuals involved, and any action taken.
5. **Medical and Medication Records:** Medical records should be kept for each resident, including details of any medications prescribed and administered. This information should be used to monitor the use of chemical restraints and ensure compliance with relevant legislation.
6. **Staff Training and Qualification Records:** Staff members involved in the use of restrictive practices should be appropriately trained and qualified. Records of staff training and qualifications should be kept on file to ensure compliance with relevant standards.
7. **Review and Evaluation Reports:** The use of restrictive practices should be regularly reviewed and evaluated to ensure that they are being used appropriately and that less restrictive alternatives have been considered. Review and evaluation reports should be completed and kept on file.

Question 7

To answer this question read the case study below and answer the questions

Assessor note: Students must answer all the questions correctly and in line with the benchmark sample answers provided below however there wording may vary.

Mrs. Smith is an 80-year-old woman with moderate dementia who lives in a residential care facility. She is non-verbal and cannot communicate her pain or discomfort effectively. Over the past few days, staff members have observed that Mrs. Smith is more restless than usual and frequently rubs her left hip. She is also eating less and seems to be withdrawing from her usual activities. The staff members suspect that Mrs. Smith may be experiencing pain or discomfort.

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List four (6) common processes for recognising and reporting indicators of injury, infection, illness and pain and the impact on Mrs Smith's behaviour.

(Approximate word count:275-285 words)

1. **Observation:** The staff members observe that Mrs. Smith is restless and rubbing her left hip frequently. She is also eating less and withdrawing from her usual activities.
2. **Communication:** Since Mrs. Smith is unable to communicate, the staff members use nonverbal cues such as facial expressions or body language to determine if she is in pain or discomfort. They also try to communicate with her through gestures and touch.
3. **Assessment:** A healthcare professional conducts a thorough assessment of Mrs. Smith to determine the cause of her restlessness and decreased appetite. The assessment includes a physical examination and laboratory tests.
4. **Reporting:** The staff members report their observations to the healthcare professional in charge of Mrs. Smith's care. The healthcare professional also reports the assessment findings to the facility's management and Mrs. Smith's family.
5. **Implementing Care Plan:** Once the source of discomfort has been identified, staff and caregivers implement the appropriate care plan, including medication administration, wound care, or infection control measures.
6. **Monitoring and Evaluation:** Staff and caregivers should monitor Mrs Smith's response to the care plan and evaluate its effectiveness in addressing the indicators of injury, infection, illness, or pain. If necessary, adjustments should be made to the care plan to ensure that the needs are adequately addressed.

The impact of pain or discomfort on Mrs. Smith's behavior can be significant. Pain can cause restlessness, agitation, and withdrawal from usual activities. The non-verbal communication and withdrawal from food and activities were indicators of her pain. By recognizing and reporting these indicators, the staff members were able to provide appropriate care and treatment for Mrs. Smith's pain and discomfort, to help her improve her overall well-being and behavior.

Question 8

Listed below are some of the challenges that people with dementia and their families and carers may face as dementia progresses. List one (1) potential impact this could have on person with dementia and one (1) potential impact on their family and carers.

(Approximate word count 400-450 words total)

Assessor note: Students answers must include one (1) potential impact of the challenge on the person with dementia and on their family or carer as per below sample answer however the wording may vary.

Challenges	One potential impact on person with dementia	One potential impact on family members or carers
a. Depression	<ol style="list-style-type: none"> 1. They may feel isolated and lonely 2. Depression in the person living with dementia can cause them to become 	<ol style="list-style-type: none"> 1. Family members and carers may experience emotional distress as they witness the person's decline and struggle to provide care

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	<p>irritable, angry, or withdrawn.</p>	<ol style="list-style-type: none"> 2. Financial and relationship strain: It can strain their relationships with family members and carers. This can lead to feelings of frustration, resentment, and guilt. 3. Increased Caregiver Burden: Depression can worsen the person's cognitive and functional abilities, which can increase the caregiver burden. This can lead to feelings of frustration, exhaustion, and burnout among family members and carers.
<p>b. Loss and Grief</p>	<ol style="list-style-type: none"> 1. Emotional distress and sense of Loss: As the person's dementia progresses, they may lose their ability to recognize their loved ones, communicate effectively, or engage in activities they once enjoyed. This can lead to a sense of loss and grief for both the person with dementia and their carer. 2. Cognitive changes: Loss and grief can affect a person's ability to think clearly, concentrate, and remember. This can lead to further confusion and frustration, which can worsen the symptoms of dementia. 3. Physical changes: Grief and stress can affect a person's physical health, including their sleep patterns, appetite, and overall wellbeing. This can make it more difficult for individuals with dementia to cope with their condition. 	<ol style="list-style-type: none"> 1. Changes in Roles and Relationships: The person's decline may lead to changes in roles and relationships within the family. This can lead to feelings of resentment, guilt, and stress. 2. Increased Caregiver Burden: Loss and grieving can increase the caregiver burden, as the carer may need to provide more emotional and practical support to the person with dementia. This can lead to feelings of exhaustion, burnout, and stress.

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<p>c. Anger and Agitation</p>	<ol style="list-style-type: none"> 1. Person may face social isolation: If the person with dementia displays aggressive behavior, others may be reluctant to interact with them, which can lead to social isolation and loneliness. 2. Physical Harm: If the person with dementia becomes physically aggressive, they may pose a risk to themselves or others. This can lead to injuries and medical complications. 3. Emotional distress: Anger or aggression can cause emotional distress for the person with dementia. They may feel confused, frustrated, and overwhelmed by their own behavior, which can lead to further agitation. 	<ol style="list-style-type: none"> 1. Physical Harm: If the person with dementia becomes physically aggressive, their carer may be at risk of physical harm. This can lead to injuries and medical complications for the carer. 2. Emotional distress and social isolation: Aggressive behavior can cause emotional distress for the carer, who may feel frightened, frustrated, and overwhelmed.
<p>d. Despair</p>	<ol style="list-style-type: none"> 1. Despair can worsen the person's cognitive and functional decline, as they may lose motivation and interest in participating in activities. 2. Despair can cause emotional distress for the person with dementia, who may feel hopeless and overwhelmed by their cognitive and functional decline. 	<ol style="list-style-type: none"> 1. Despair can cause emotional distress for the carer, who may feel helpless and frustrated by their inability to improve the person's condition. 2. Increased Caregiver Burden: Despair can increase the caregiver burden, as the carer may need to provide more emotional and practical support to the person with dementia. 3. Social Isolation: Caring for a person with dementia can be isolating, and despair can worsen this isolation as the carer may have limited time and energy for social activities.
<p>e. Delirium</p>	<ol style="list-style-type: none"> 1. Increased confusion: Delirium can cause a sudden and severe change 	<ol style="list-style-type: none"> 1. Increased stress: Caring for someone with delirium can be challenging and stressful,

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	<p>in a person's mental abilities, making them feel more disoriented and confused.</p> <ol style="list-style-type: none"> 2. Behavioral changes: The person with dementia may become more agitated or aggressive as a result of the delirium, making it challenging for caregivers to manage their behavior. 3. Increased risk of complications: Delirium can lead to a higher risk of falls, infections, and other complications, which can be especially dangerous for individuals with dementia. 	<p>as caregivers may need to provide additional support and supervision to manage the person's behavior and ensure their safety.</p> <ol style="list-style-type: none"> 2. Increased workload: Caregivers may need to spend more time with the person with dementia, monitoring their behavior and providing assistance with activities of daily living. 3. Emotional toll: Delirium can be distressing for caregivers to witness, especially if the person with dementia is experiencing significant behavioral changes or appears to be in distress. This can lead to emotional exhaustion and burnout, which can affect their ability to provide care over time.
<p>f. Social Embarrassment</p>	<ol style="list-style-type: none"> 1. Reduced social interaction: Social embarrassment can cause a person with dementia to withdraw from social situations, which can lead to feelings of isolation and loneliness. 2. Negative self-image: Social embarrassment can lead to negative self-image and self-esteem issues, causing the person with dementia to feel ashamed or embarrassed about their condition. 3. Increased anxiety and stress: The fear of being embarrassed in social situations can cause anxiety and stress, making it more difficult for the person with dementia to enjoy their life and engage in social activities. 	<ol style="list-style-type: none"> 1. Increased stress and anxiety: Caregivers may feel stressed and anxious when they witness the person with dementia experiencing social embarrassment or difficulty interacting with others. 2. Difficulty managing behavior: Social embarrassment can lead to challenging behavior in the person with dementia, which can be difficult for caregivers to manage. 3. Reduced social support: Social embarrassment can lead to reduced social support for both the person with dementia and their caregiver, as others may feel uncomfortable or unsure how to interact with them.

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<p>g. Dysphasia</p>	<ol style="list-style-type: none"> 1. Malnutrition and dehydration: Dysphagia can make it difficult for the person with dementia to eat and drink enough to meet their nutritional needs, leading to malnutrition and dehydration. 2. Increased risk of aspiration pneumonia: Dysphagia increases the risk of food or liquid entering the lungs, which can lead to aspiration pneumonia, a serious and potentially life-threatening condition. 3. Reduced quality of life: Dysphagia can be uncomfortable and distressing, making it difficult for the person with dementia to enjoy meals and engage in social activities involving food and drink. 	<ol style="list-style-type: none"> 1. Increased risk of choking: Caregivers may worry about the person with dementia choking during meals, which can be a source of stress and anxiety. 2. Increased workload: Caregivers may need to prepare special meals, puree or chop food, or provide assistance with feeding to ensure the person with dementia is getting the nutrition they need. 3. Emotional toll: Caregivers may feel upset or distressed when they witness the person with dementia experiencing difficulty swallowing or struggling to eat, which can be emotionally taxing over time.
<p>h. Loss of speech and cognition</p>	<ol style="list-style-type: none"> 1. Reduced ability to communicate: Loss of speech and cognitive function can make it difficult for the person with dementia to communicate their needs and preferences, leading to frustration and isolation. 2. Increased dependence on others: The person with dementia may become more dependent on others for assistance with activities of daily living and may require more intensive care. 3. Reduced quality of life: Loss of speech and cognitive function can make it difficult for the person with dementia to engage in social activities or pursue hobbies and interests, 	<ol style="list-style-type: none"> 1. Increased workload: Caregivers may need to provide more assistance with daily living activities and may need to spend more time with the person with dementia to provide support and supervision. 2. Emotional toll: Loss of speech and cognitive function can be distressing for caregivers to witness, especially if the person with dementia becomes frustrated or agitated as a result. 3. Need for additional support: Caregivers may require additional support from healthcare providers or other caregivers to manage the person's care and ensure their safety.

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	leading to a reduced quality of life.	
i. Loss of Inhibition	<ol style="list-style-type: none"> 1. Social challenges: Loss of inhibition can lead to social challenges, including inappropriate behavior or language in public, which can cause embarrassment or discomfort for the person with dementia and those around them. 2. Risk of injury: Loss of inhibition can lead to risky behavior, such as wandering or exploring dangerous areas, which can put the person with dementia at risk of injury. 3. Impaired decision-making: Loss of inhibition can impair the person's decision-making abilities, making it difficult for them to make safe and appropriate choices. 	<ol style="list-style-type: none"> 1. Increased stress and anxiety: Caregivers may feel stressed and anxious when they witness the person with dementia engaging in inappropriate or risky behavior. 2. Difficulty managing behavior: Loss of inhibition can lead to challenging behavior in the person with dementia, which can be difficult for caregivers to manage. 3. Social isolation: Caregivers may become more isolated as they avoid social situations due to concerns about the person with dementia's behavior.
j. isolation	<ol style="list-style-type: none"> 1. Reduced quality of life: Isolation can lead to a reduced quality of life for the person with dementia, as they may have fewer opportunities to engage in social activities or spend time with loved ones. 2. Increased risk of depression and anxiety: Isolation can contribute to feelings of loneliness, depression, and anxiety in the person with dementia. 3. Worsening cognitive function: Isolation can lead to a lack of stimulation and social interaction, which can worsen the person's cognitive function over time. 	<ol style="list-style-type: none"> 1. Increased stress and isolation: Caregivers may feel isolated and lonely as they spend more time caring for the person with dementia and may have fewer opportunities to engage in social activities themselves. 2. Burnout and caregiver strain: Isolation can contribute to caregiver strain and burnout, which can lead to physical and emotional exhaustion, and impact the caregiver's ability to provide effective care. 3. Reduced social support: Isolation can lead to a lack of social support for caregivers, which can make it more difficult to cope

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		with the challenges of caregiving.
k. self-harm	<ol style="list-style-type: none"> 1. Physical injury: Self-harm can cause physical injury to the person with dementia, which may require medical attention and can lead to complications. 2. Increased risk of infection: Self-harm can increase the risk of infection if wounds are not properly cared for. 3. Psychological distress: Self-harm can be a sign of underlying psychological distress, such as anxiety or depression, which can further affect the person's well-being and quality of life. 	<ol style="list-style-type: none"> 1. Emotional distress: Witnessing self-harm in the person with dementia can be emotionally distressing for the caregiver, leading to feelings of guilt, sadness, or anxiety. 2. Increased workload: Caregivers may need to provide additional care and supervision to prevent self-harm, which can increase their workload and stress levels. 3. Social isolation: Caregivers may become more socially isolated if they avoid social situations due to concerns about the person with dementia's behavior.
l. social devaluation	<ol style="list-style-type: none"> 1. Reduced self-esteem: Social devaluation can lead to reduced self-esteem in the person with dementia, as they may feel stigmatized and devalued by society. 2. Isolation: Social devaluation can lead to social isolation for the person with dementia, as others may avoid interacting with them due to stigma and lack of understanding. 3. Barriers to care: Social devaluation can make it difficult for individuals with dementia to access appropriate care and support, as healthcare providers may hold negative attitudes towards them. 	<ol style="list-style-type: none"> 1. Emotional burden: Social devaluation can place an emotional burden on caregivers, who may feel stigmatized and isolated themselves due to their association with the person with dementia. 2. Lack of support: Social devaluation can make it difficult for caregivers to access support and resources, as others may not understand or appreciate the challenges they face. 3. Increased stress: Social devaluation can increase stress and anxiety in caregivers, who may worry about the well-being of the person with dementia and the lack of understanding and support from society.

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<p>m. suicidal ideation</p>	<ol style="list-style-type: none"> 1. Increased risk of self-harm: Suicidal ideation can increase the person's risk of self-harm or suicide, which can be a serious concern for their safety. 2. Psychological distress: Suicidal thoughts can cause significant psychological distress, including anxiety, depression, and feelings of hopelessness. 3. Communication difficulties: The person with dementia may have difficulty expressing their thoughts and feelings, which can make it challenging to address and manage their suicidal ideation. 	<ol style="list-style-type: none"> 1. Emotional distress: Caregivers may experience significant emotional distress when they witness or learn about the person's suicidal ideation. 2. Increased responsibility: Caregivers may feel an increased responsibility to monitor and manage the person's safety, which can be challenging and stressful. 3. Need for additional support: Caregivers may require additional support from healthcare providers or other caregivers to manage the person's care and ensure their safety.
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Question 9

As dementia progresses it can have a significant impact on multiple domain of a person’s life. In the table below briefly list three(3) psycho social implications for each of the domain.

Assessor note: Students must list three (3) out of the list of options provided below however there wording may vary.

(Approximate word limit 400-450 words)

Domain of life	List three(3) Psycho social implication
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<p>a. Financial implications</p>	<ol style="list-style-type: none"> 1. Feelings of helplessness and stress: Financial strain can lead to feelings of helplessness, stress, and anxiety, which can impact the person's overall well-being. 2. Social isolation: As the person's finances become more limited, they may have to cut back on social activities and become more isolated, which can further impact their psychosocial well-being. 3. Reduced sense of self-worth: Financial difficulties can cause a person to feel less valuable or important, which can impact their self-esteem and sense of self-worth. 4. Increased dependence on others: As the person's finances become more limited, they may become more dependent on others for financial support, which can impact their independence and autonomy.
<p>b. Accommodation</p>	<ol style="list-style-type: none"> 1. Increased Dependence on Caregivers: This can lead to changes in their roles and relationships with caregivers, and may impact their sense of independence and autonomy. 2. Emotional Distress: Accommodation challenges, such as difficulties navigating within the home, confusion with the layout or location of familiar objects, or changes in the physical environment, can cause emotional distress for individuals with dementia. This may result in increased agitation, anxiety, or confusion, which can affect their emotional well-being. 3. Reduced Safety and Security: due to increasing risk of accidents or injuries, such as falls or getting lost. This can cause distress and anxiety. 4. Reduced social interaction: As the person's cognitive abilities decline, they may become less able to interact with others, resulting in reduced social interaction. This can lead to feelings of isolation, loneliness, and depression

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<p>c. Isolation</p>	<ol style="list-style-type: none"> 1. Cognitive decline: Social isolation can accelerate cognitive decline in individuals with dementia. Lack of social interaction and stimulation can lead to a decline in cognitive abilities such as memory, attention, and problem-solving skills. 2. Depression and anxiety: Isolation can contribute to feelings of depression and anxiety in people with dementia. Lack of social interaction and support can lead to feelings of loneliness, helplessness, and hopelessness. 3. Increased agitation and aggression: Social isolation can contribute to increased agitation and aggression in individuals with dementia. Without social interaction and stimulation, individuals may become bored, restless, and irritable. 4. Reduced physical activity: Isolation can also lead to reduced physical activity in people with dementia, which can contribute to a decline in physical health and increased frailty. 5. Poor nutrition: Isolation can impact the ability of individuals with dementia to maintain a healthy diet. They may not have access to nutritious food or may forget to eat altogether. 6. Increased dependence: Isolation can contribute to an increased dependence on caregivers and healthcare professionals. Lack of social interaction and stimulation can lead to a loss of independence and a reduced ability to perform activities of daily living. 7. Reduced quality of life: Overall, social isolation can significantly impact the quality of life of individuals with dementia. They may feel lonely, bored, and unfulfilled, which can contribute to a reduced sense of well-being.
<p>d. Increase in person's vulnerability to abuse and exploitation</p>	<ol style="list-style-type: none"> 1. Fear and anxiety: The person may experience fear and anxiety due to the possibility of abuse or exploitation, which

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	<p>can lead to feelings of vulnerability and helplessness.</p> <ol style="list-style-type: none"> 2. Loss of trust: If the person has experienced abuse or exploitation in the past or is aware of it happening to others, it can lead to a loss of trust in others and a reluctance to engage in social activities. 3. Powerlessness: The person with dementia may feel powerless and unable to protect themselves from abuse or exploitation, which can lead to feelings of helplessness and anxiety. 4. Social isolation: Experiences of abuse or exploitation may cause the person with dementia to withdraw from social interactions or become isolated, which can exacerbate feelings of loneliness and reduce quality of life. 5. Impaired decision-making: Individuals with dementia may have impaired decision-making abilities, which can make them more susceptible to manipulation and coercion by others
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Question 10

Read the case study below and answer related questions.

(Approximate word limit 190-200 words)

Assessor note: Students must list three (3) out of five(5) options provided below however there wording may vary.

Mrs. Jen is an 85-year-old woman living in a care home. She has been diagnosed with dementia and has limited mobility due to arthritis. Mrs. Jen spends much of her day sitting in a chair in her room, often looking bored and disengaged. The care staff notice that she is not participating in many activities and is not interacting much with others. Mrs Jen’s care plan indicates that she enjoyed knitting and crochet at home and kept herself busy with doing craft activities at home.

List three(3) person centred approach that care staff can be apply to minimise boredom and create a sense of self worth, improve self-esteem and provide pleasure to Mrs Jen:

1. **Acknowledge and Validate Feelings:** The care staff can show empathy, patience, and understanding towards Mrs Jen’s emotions and provide reassurance and comfort. This helps individuals feel heard, understood, and valued, which can boost their self-esteem. They can validate her feelings by acknowledging her emotions, such as saying, "It sounds like you're feeling bored" or "It's understandable that you may be feeling lonely." This helps Mrs. Jen feel understood and accepted, which can boost her self-esteem.

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2. **Provide tailored support:** Assess Mrs. Jen’s needs and interests and design activities that are tailored to her unique needs and preferences. For example, Mrs. Jen used to enjoy knitting so staff can arrange for knitting supplies to be brought to her room. This will not only reduce boredom but also enhance her self esteem as it will empower her to maintain a sense of autonomy and independence.
3. **Collaboration and participation:** The care staff can involve Mrs. Jen in decisions about her care and support her autonomy and independence. This will empower her to be in control of her own care. For example, they could ask her what activities she would like to participate in and encourage her to make choices.
4. **Positive reinforcement:** The care staff focus on positive reinforcement and building on Mrs. Jen’s strengths and abilities. They praise her for her knitting and display her creations in the communal area, which promotes a sense of personal value and self-worth.
5. **Flexibility and adaptability:** The care staff remain flexible and adaptable, recognizing that Mrs. Jen’s needs and interests may change over time. They regularly review her care plan and adjust activities and interventions as needed.

Question 11

Briefly explain the impact of following environment in supporting a person living with dementia to interact and engage.

(Approximate word count 350-380 words)

Assessor note: Students response must be based on sample answer below however the wording may vary.

Physical Environment:	The physical environment plays a crucial role in supporting a person living with dementia to interact and engage. A well-designed environment that is safe, familiar, and conducive to the person's abilities can greatly enhance their ability to engage in activities and interact with others. For example, clear signage, contrasting colors, and good lighting can help reduce confusion and improve orientation. Familiar objects, such as personal belongings or familiar decorations, can provide a sense of comfort and familiarity.
Social Environment:	The social environment, including the presence of caregivers, family members, and other residents or peers, can impact a person with dementia's ability to engage and interact. A supportive social environment that encourages meaningful interactions, promotes socialization, and fosters a sense of community can have a positive impact on the person's mood, behavior, and engagement. On the other hand, a chaotic or stressful social environment can cause agitation, confusion, and withdrawal.
Sensory Environment:	The sensory environment, including the sounds, smells, and textures in the environment, can affect a person living with dementia's ability to engage and interact. Loud noises, strong odors, or uncomfortable textures can be overwhelming and distressing for a person with dementia, leading to increased agitation and withdrawal. Creating a calm, sensory-friendly environment with soft lighting, familiar smells, and pleasant textures can help create a positive environment for engagement.

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Family environment	The family environment refers to the home environment and social relationships of the family members of individuals with dementia. Providing family members with education about dementia and offering them support and counseling can help them to cope with the challenges of caring for a loved one with dementia. Family members can also be encouraged to participate in activities with their loved one with dementia to promote engagement and socialization
Emotional Environment:	The emotional environment, including the emotional state of the person with dementia and those around them, can impact their ability to engage and interact. People with dementia are sensitive to emotions and can pick up on the emotional cues of those around them. If caregivers and family members are stressed, anxious, or impatient, it can affect the person's mood and behavior, making it challenging for them to engage. Creating a positive, calm, and emotionally supportive environment can help the person with dementia feel more at ease and facilitate engagement

Question 12

This question has two parts you must complete both the parts.

a) There are several forms of abuse, neglect, and exploitation that people with dementia may be vulnerable to. In the table below briefly explain each form of abuse, neglect and exploitation.

Assessor note: Students answers must be inline with the sample answers provided below however the wording may vary.

(Approximate word limit 120-130 words)

Physical abuse:	This includes any physical harm or injury caused intentionally or unintentionally to a person with dementia. Examples include hitting, slapping, or restraining the person.
Emotional abuse:	This includes any behavior that causes emotional distress or harm to a person with dementia. Examples include yelling, belittling, or ignoring the person.
Financial exploitation:	This includes the misuse or theft of a person's assets, money, or property without their consent. Examples include stealing money or forging signatures on checks.
Neglect:	This includes the failure to provide necessary care, support, or attention to a person with dementia. Examples include withholding food, water, or medical treatment.
Sexual abuse:	This includes any unwanted sexual contact or activity with a person with dementia, whether or not they are able to give consent.

b) Below are two(2) scenarios on forms of abuse that you may encounter as a carer or support worker. Read the scenarios carefully and answer corresponding questions.

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SCENARIO 1

Mrs. Sned is an 85-year-old woman with advanced dementia who lives in a nursing home. She requires assistance with all activities of daily living, including bathing, dressing, and eating. Despite this, staff at the nursing home frequently leave her alone in her room for long periods of time without food, water, or attention. Mrs. Sned has developed wounds and multiple bedsores as a result of being left in one position for too long, and she is often dehydrated and malnourished. Mrs Sned normally is a very happy and pleasant person however off lately she has been showing signs of discomfort and agitation.

Answer the questions in the table below:

Assessor note: Students answers must be in line with the sample answers provided below however the wording may vary.

(Approximate word limit 600-650 words)

1. What kind of abuse is Mrs Sned facing?	Neglect
2. List five(5) evident and obvious recognisable signs of this kind of abuse. (Assessor note: Student must list five(5) options provided for this question)	1. Bedsore: Bedsore, also known as pressure ulcers, are a common sign of neglect in older adults who are bedridden or immobile.
	2. Malnutrition and Dehydration: Mrs. Sned being frequently left alone in her room without food or water suggests that she may not be receiving adequate nutrition, which can lead to malnutrition. Similarly, Mrs. Sned being left without water for long periods of time can lead to dehydration, which can have serious health consequences. Malnutrition and dehydration can lead to weight loss, which can be a sign of neglect.
	3. Social isolation: Leaving Mrs. Sned alone in her room for long periods of time without attention or interaction from staff suggests social isolation, which can negatively impact her well-being and quality of life.
	4. Poor wound care: The development of bedsores can indicate a lack of attention to wound care, which is a form of neglect.
	5. Changes in mood or behavior: Neglect and abuse can cause significant emotional distress, which may manifest as changes in mood or behavior, such as withdrawal or agitation.
3. List two (2) situations when working with Mrs Sned that were beyond the scope of your role? Who did you need to support these situations to?	1. Medical intervention: If Mrs. Sned has developed bedsores due to neglect and requires medical attention or treatment, it

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<p>(Assessor note: Student must select two out of three answer options provided for this question)</p>	<p>would be beyond my role as a caregiver to administer medical interventions. In such a situation, I would need to seek support from a nurse, wound care specialist, or a healthcare professional who is qualified to assess and treat bedsores.</p>
	<p>2. Reporting Neglect: I would report the neglect and abuse of Mrs. Sned to the relevant authorities within the nursing home, such as the supervisor, manager, or the facility's administration</p>
	<p>3. Behavioral and Psychological Support: When Mrs. Sned shows signs of discomfort and agitation, it may indicate underlying psychological or behavioral issues that require specialized attention. I would report this to the immediate supervisor and registered nurse so they can seek assistance of appropriate healthcare professional to help Mrs Sned.</p>
<p>4. List actions you will take as a carer/support worker to respond to this situation including referral to relevant authorities. (Assessor note: Student must list all answers options provided for this question they could be in any order)</p>	<p>1. Document the details: The carer should document the details of the neglect they have observed, including the dates, times, and specific incidents. They should also document any visible signs of neglect, such as Mrs. Sned's bedsores, malnutrition, dehydration, and signs of discomfort and agitation.</p>
	<p>2. Report the abuse: The carer should report their concerns to their supervisor or the nursing home's administration immediately. They should follow the organisation's policies and procedures for reporting abuse and neglect, which may involve completing an incident report and notifying the relevant authorities, such as the local health department or Adult Protective Services.</p>
	<p>3. Seek medical attention: If Mrs. Sned's condition is severe, the carer should seek immediate medical attention for her. This may involve calling for emergency medical services or notifying the nursing home's medical staff.</p>
	<p>4. Follow up: The carer should follow up with their supervisor or the nursing home's administration to ensure that appropriate action is taken in response to their report of abuse or neglect. They should also continue to monitor Mrs. Sned's condition and advocate for her well-being.</p>

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	<p>5. Document the details: The carer should document the details of the neglect they have observed, including the dates, times, and specific incidents. They should also document any visible signs of neglect, such as Mrs. Sned's bedsores, malnutrition, dehydration, and signs of discomfort and agitation.</p>
<p>5. List two(2) relevant legislations that outline caregivers legal obligation to report suspected cases of abuse or neglect of people with dementia. (Assessor note: Student must select two out of four answer options provided for this question)</p>	<p>1. Aged Care Act 1997: The Aged Care Act requires approved providers of aged care services to have procedures in place for reporting suspected or alleged cases of abuse or neglect of care recipients. This includes reporting to the Aged Care Quality and Safety Commission and other relevant authorities.</p>
	<p>2. National Aged Care Mandatory Reporting Scheme: The National Aged Care Mandatory Reporting Scheme requires approved providers and their staff to report certain incidents, including suspected or alleged abuse or neglect of a care recipient, to the Aged Care Quality and Safety Commission. Failure to report such incidents can result in penalties.</p>
	<p>3. State and Territory Legislation: Each state and territory in Australia has its own legislation regarding the reporting of abuse and neglect of vulnerable adults. For example, in New South Wales, the Crimes (Domestic and Personal Violence) Act 2007 requires anyone who suspects that an older person is at risk of or experiencing abuse or neglect to report it to the NSW Police or to the NSW Ageing and Disability Commission.</p>
	<p>4. Aged Care Quality Standards: The Aged Care Quality Standards set out the expected outcomes for care recipients and the requirements for aged care providers to meet those outcomes. Standard 3 requires providers to have systems in place to detect, prevent and respond to abuse and neglect, and to promptly and appropriately report any allegations or incidents.</p>

SCENARIO 2

Mr. Johnson is an 85-year-old man who lives in a nursing home and has advanced dementia. The support workers in the home have noticed that off lately that Mr Johnson has stopped attending the yoga and piano classes which he never missed previously. He has also become very quiet and withdrawn. He has not been eating his meals regularly and gets very anxious when any staff member would approach him to have a conversation. He is unable to communicate his needs and relies on the staff to care for him. One of the caregivers (name Mrs Davis) is responsible

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for Mr. Johnson's care, Mrs. Davis, has been observed shouting and using harsh language towards Mr. Johnson. Mrs. Davis also withholds food and medication when Mr. Johnson is uncooperative. The staff who witnessed this behaviour are concerned that Mr. Johnson is being abused.

Answer the questions below:

Assessor note: Students answers must be in line with the sample answers provided below however the wording may vary.

(Approximate word limit 600-650 words)

1. What kind of abuse is Mr. Johnson facing?	Emotional abuse
2. List four(4) evident and obvious recognisable signs of this kind of abuse.	<p>1. Emotional signs: Mr. Johnson has become withdrawn, quiet and anxious, which are common emotional signs of abuse. He has also stopped attending the activities he previously enjoyed, which could be a sign of depression or emotional distress.</p> <p>2. Changes in behavior: Mr. Johnson has stopped eating his meals regularly, which could be a sign of emotional distress which can also cause changes in behavior, such as withdrawal and social isolation.</p> <p>3. Verbal abuse: Mrs. Davis has been observed shouting and using harsh language towards Mr. Johnson. Verbal abuse is a form of emotional abuse and can cause psychological harm.</p> <p>4. Withholding food and medication: Mrs. Davis also withholds food and medication when Mr. Johnson is uncooperative. This is a form of neglect and can have serious health consequences for Mr. Johnson.</p>
3. List two (2) situations when working with Mrs Sned that were beyond the scope of your role? Who did you need to support these situations to? (Assessor note: Student must select two out of three answer options provided for this question)	<p>Suspected Abuse: The witnessed behavior of Mrs. Davis, including shouting, using harsh language, and withholding food and medication, raises concerns of potential abuse towards Mr. Johnson. Dealing with suspected abuse requires intervention from higher authority or appropriate personnel within the nursing home. The staff who witnessed this behavior should report their concerns to the nursing home management, supervisor, or designated person responsible for addressing abuse allegations.</p> <p>Psychosocial Assessment: Mr. Johnson's sudden withdrawal from activities and change in behavior may</p>

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	indicate underlying psychological or social issues that require specialized attention.
4. List actions you will take as a carer/support worker to respond to this situation including referral to relevant authorities.	<ol style="list-style-type: none"> 1. In this situation, the staff members who witnessed Mrs. Davis's abusive behavior have a legal and ethical obligation to report it to their supervisor immediately. 2. Once the supervisor is informed of the abuse, they should follow the facility's policies and procedures for reporting and investigating allegations of abuse. 3. They should complete organisational documents, document the details of what they observed, including the time, date, location, and specific behavior of Mrs. Davis. They should also report any concerns about Mr. Johnson's well-being, including his withdrawal, lack of appetite, and anxiety.
5. List two(2) legislative requirements to report this kind of abuse including one state or territory based legislation as relevant to the state or territory you are based in:	<ol style="list-style-type: none"> 1. Criminal Code Act 1995 (Commonwealth): This act makes it an offense to engage in any form of elder abuse, including emotional abuse, that causes harm or distress to an older person. The penalty for the offense can range from fines to imprisonment, depending on the severity of the abuse. Caregivers have a legal obligation to report suspected cases of emotional abuse. Under the Criminal Code Act 1995: Caregivers who engage in emotional abuse of people with dementia may be prosecuted under this act. 2. Relevant State and territory legislation for example: Elder Abuse Prevention Interim Measures Act 2015 (Victoria): This act provides a framework for responding to and preventing elder abuse in Victoria. It defines elder abuse as any act or omission that causes harm or distress to an older person and includes emotional abuse.

Question 13

List four(4) ways you would use the following methods to engage with a person with dementia.

Assessor note: Benchmark answers provided below. Students' answers must include (4) ways from the sample answers provided below.

(Approximate word count 650-750 words)

Methods	four ways you would use the method to engage with person with dementia
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<p>a. List four(4) Verbal and four (4) non verbal communication methods each</p>	<p>Verbal communication strategies:</p> <ol style="list-style-type: none"> 1. Speak slowly and clearly: Use simple sentences and speak slowly and clearly, avoiding the use of complex words and phrases. 2. Use a calm and reassuring tone of voice: Speak in a calm and reassuring tone of voice, which can help to reduce any anxiety or agitation the person may be experiencing. 3. Give simple instructions: Break down any instructions into smaller, simpler steps to make them easier to understand. 4. Avoid asking open-ended questions: Instead, ask specific and direct questions, which can help the person to provide a clear answer. 5. Avoid interrupting: Give the person enough time to process and respond to what you are saying without interrupting them. <p>Non-verbal communication strategies:</p> <ol style="list-style-type: none"> 1. Use facial expressions: Smile, nod or make eye contact with the person to convey your interest and attentiveness. 2. Use body language: Use gentle gestures such as holding their hand or patting their back to convey a sense of reassurance and care. 3. Demonstrate empathy: Show empathy and understanding by acknowledging the person's emotions, for example, by saying "I can see that you are upset". 4. Use visual aids: Use visual aids such as photographs, drawings, or objects that can help to reinforce communication and make it more effective.
<p>b. List four(4)culturally sensitive and safe communication strategies you would use</p>	<ol style="list-style-type: none"> 1. Being aware of cultural norms and values: Understanding the cultural norms and values of the person can help you to tailor your communication approach and avoid misunderstandings. 2. Using familiar language and terminology: Using language and terminology that is familiar to the person can help to enhance communication and promote understanding. 3. Being respectful of cultural beliefs and practices: Being respectful of cultural beliefs and practices can help to promote a sense of trust and respect in the communication.

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	<ol style="list-style-type: none"> 4. Using visual aids: Using visual aids such as pictures or drawings can help to support communication and enhance understanding. 5. Avoiding assumptions: Avoiding assumptions about the person's cultural background or beliefs can help to promote a sense of respect and understanding. 6. Listening actively: Actively listening to the person's responses and validating their feelings can help to promote a sense of understanding and trust in the communication. 7. Seeking support from cultural advisors: Seeking support from cultural advisors or interpreters can help to promote effective communication and understanding.
<p>c. List four(4)Reality orientation techniques you would use</p>	<ol style="list-style-type: none"> 1. Use clocks and calendars: Place clocks and calendars in the person's room or living space to help them keep track of the time, date, and day of the week. 2. Provide familiar objects: Provide familiar objects such as family photographs, favorite books, or music to help the person feel more comfortable and connected to their past. 3. Label objects and rooms: Label objects and rooms in the person's living space to help them navigate their surroundings and reduce confusion. 4. Encourage conversation: Engage the person in conversation about their past experiences, including family and friends, hobbies, and interests. This can help to stimulate their memory and keep them connected to their personal history. 5. Avoid correcting or contradicting: If the person makes a mistake or has a misunderstanding, avoid correcting or contradicting them. Instead, validate their feelings and try to redirect the conversation to a more positive or neutral topic.
<p>d. List four(4)ways you would use reassuring words, phrases and body language to engage with the person</p>	<ol style="list-style-type: none"> 1. Use a calm and reassuring tone of voice: Speak in a calm and reassuring tone of voice to convey a sense of empathy and understanding. 2. Use simple language: Use simple language and avoid complex sentences or abstract concepts

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	<p>that may be difficult for the person to understand.</p> <ol style="list-style-type: none"> 3. Repeat key phrases: Repeat key phrases or concepts that may be important to the person to help them maintain their focus and memory. 4. Use positive reinforcement: Provide positive reinforcement by using words or phrases such as "good job" or "well done" to encourage the person and reinforce their sense of accomplishment. 5. Use non-verbal cues: Use non-verbal cues such as a gentle touch, a smile, or a nod to convey empathy and understanding. 6. Use physical gestures: Use physical gestures such as holding the person's hand, offering a hug, or sitting close to them to provide comfort and support. 7. Validate their feelings: Acknowledge the person's feelings and emotions and reassure them that their feelings are valid and understandable.
<p>e. List four(4)ways you would use validation as communication technique that includes accepting the person's reality and acknowledging their feelings and emotions</p>	<ol style="list-style-type: none"> 1. Listen attentively: Listen attentively to the person with dementia and try to understand their point of view. This can help to build trust and promote effective communication. 2. Acknowledge their feelings: Acknowledge the person's feelings and emotions and validate their experiences, even if they may not be accurate or consistent with reality. 3. Use phrases such as "I understand" or "I hear what you are saying": Use phrases such as "I understand" or "I hear what you are saying" to convey empathy and understanding. 4. Redirect the conversation: If the person is expressing distress or discomfort, try to redirect the conversation to a more positive or neutral topic. 5. Avoid arguing or correcting: Avoid arguing or correcting the person, as this can lead to frustration or agitation. 6. Provide comfort and reassurance: Provide comfort and reassurance by using calming words or phrases, such as "It's okay, I'm here with you." 7. Use non-verbal cues: Use non-verbal cues such as a gentle touch, a smile, or a nod to convey empathy and understanding.

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<p>f. When a person with dementia expresses distress, they may be feeling overwhelmed, frustrated, or anxious. List four(4)methods you would use to engage with a person when they are expressing distress.</p>	<ol style="list-style-type: none"> 1. Validate their feelings: Acknowledge the person's feelings and emotions, and let them know that it's okay to feel upset or frustrated. 2. Use calming words or phrases: Use calming words or phrases such as "It's okay, I'm here with you" or "Let's take a deep breath together" to help the person feel more calm and grounded. 3. Provide physical comfort: Provide physical comfort by holding the person's hand, offering a hug, or sitting close to them to provide a sense of security and reassurance. 4. Use distraction techniques: Use distraction techniques such as singing a song, showing a photo album, or engaging in a favorite activity to help redirect the person's attention away from the source of their distress. 5. Identify and address the source of distress: If possible, try to identify the source of the person's distress and address it directly, such as providing pain relief or adjusting the environment to reduce sensory overload. 6. Avoid minimizing or dismissing their distress: Avoid minimizing or dismissing the person's distress, as this can lead to further frustration or agitation. 7. Seek professional help if needed: If the person's distress persists or worsens, seek professional help from a healthcare provider or dementia specialist.
<p>g. List four(4)ways you would use reminiscence technique to engage with a person</p>	<ol style="list-style-type: none"> 1. Use sensory cues: Memories are often tied to sensory experiences, so try to incorporate sensory cues into your interactions with the person. For example, you could play music from their era or bring in items with familiar scents like lavender or cinnamon. 2. Use open-ended questions: Avoid asking questions that require a yes or no answer. Instead, ask open-ended questions that allow the person to share more detailed stories about their past experiences. For example, you could ask, "What was your favorite vacation?" or "Tell me about your first job." 3. Use visual aids: Photographs, videos, and other visual aids can help trigger memories and spark conversations. You could create a memory box

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	<p>filled with items from the person's past, or look through old photo albums together.</p> <p>4. Focus on positive memories: Reminiscing about positive experiences can be a mood booster for people with dementia. Try to focus on happy memories and avoid bringing up difficult or painful topics.</p>
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Question 14

In the table below are few examples of stressors that a person with dementia may face. Your task is to identify the type of stressor and list three (3) impacts on a person with dementia.

(Approximate word count 150-200 words total)

Assessor note: Students answers must be based on sample answers provided below however wording may vary.

Example	Type of stressor	Impact
A. a person with dementia experiences an infection such as a urinary tract infection (UTI) or pneumonia	Physical: Infection	<ol style="list-style-type: none"> 1. Increased confusion: Infections can cause a temporary increase in confusion and disorientation in people with dementia. This is known as delirium, and it can be especially pronounced in older adults. 2. Behavioral changes: People with dementia may become agitated, restless, or exhibit other behavioral changes when they are experiencing an infection. This can be due to pain or discomfort, as well as changes in the brain caused by the infection. 3. Decreased appetite and hydration: People with dementia may not feel like eating or drinking when they are ill, which can lead to dehydration and malnutrition. This can further impact their overall health and well-being. 4. Worsening of dementia symptoms: Infections can

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		<p>cause a temporary worsening of dementia symptoms, including memory loss, difficulty with communication, and changes in behavior.</p>
<p>B. you notice changes in a persons appetite or weight loss/gain</p>	<p>Physical:Nutrition</p>	<ol style="list-style-type: none"> 1. Nutritional deficiencies: Changes in appetite and weight loss/gain can lead to nutritional deficiencies, which can impact the person's overall health and well-being. This can be especially concerning for people with dementia, who may already have difficulty maintaining a healthy diet. 2. Increased risk of falls: Weight loss can lead to muscle weakness and loss of balance, which can increase the person's risk of falls. This is a particular concern for people with dementia, who may already be at increased risk of falls due to cognitive impairment. 3. Increased confusion: Changes in appetite and weight loss/gain can impact the person's physical health, which in turn can impact their cognitive function. For example, if the person is not getting enough nutrients, they may experience increased confusion or disorientation. 4. Increased stress and anxiety: Changes in routine or illness can be stressful for people with dementia, and this can further impact their appetite and overall well-being. It's important to monitor for signs of stress and anxiety and provide appropriate support and reassurance.

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<p>C. you notice changes in a persons fluid intake patterns, such as decreased water/fluid consumption</p>	<p>Physical:dehydration</p>	<ol style="list-style-type: none"> 1. Increased risk of falls: Dehydration can lead to weakness and dizziness, which can increase the person's risk of falls. This is a particular concern for people with dementia, who may already be at increased risk of falls due to cognitive impairment. 2. Increased confusion: Dehydration can impact the person's physical health, which in turn can impact their cognitive function. For example, if the person is not getting enough fluids, they may experience increased confusion or disorientation. 3. Increased risk of urinary tract infections (UTIs): Dehydration can lead to concentrated urine, which can increase the person's risk of UTIs. UTIs can be especially problematic for people with dementia, as they can cause a temporary worsening of cognitive function and behavior changes.
<p>D. You notice a person experiencing difficulties with urinary or bowel and bladder control</p>	<p>Continance</p>	<ol style="list-style-type: none"> 1. Physical discomfort: Incontinence can cause physical discomfort such as skin irritation, rashes, and infections. It can also lead to dehydration if the person with dementia avoids drinking fluids to prevent accidents. 2. Increased risk of falls: If the person with dementia needs to go to the bathroom frequently, this increases their risk of falls, especially if they have difficulty with mobility or balance.

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		<p>3. Loss of independence: Incontinence can lead to loss of independence, as the person with dementia may need assistance with toileting and personal care.</p> <p>4. Social isolation: Fear of accidents can lead to social isolation, as the person with dementia may avoid leaving the house or engaging in social activities.</p> <p>5. Emotional distress: Incontinence can be embarrassing and humiliating, causing emotional distress for the person with dementia. They may feel ashamed or frustrated and may be more prone to depression and anxiety.</p>
<p>E. You notice a person experiencing any pain or discomfort in any part of the body</p>	<p>pain</p>	<p>Changes in behavior: Pain or discomfort can cause changes in behavior, such as increased agitation, irritability, or aggression. The person with dementia may have difficulty communicating their pain or discomfort, leading to frustration and distress.</p> <p>Sleep disturbances: Pain or discomfort can cause sleep disturbances, leading to fatigue and further exacerbation of behavioral symptoms.</p> <p>Social isolation: The person with dementia may avoid social activities or interactions due to discomfort or pain.</p> <p>Emotional distress: Pain or discomfort can cause emotional distress, such as anxiety, depression, or fear.</p>

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F. You notice a person experiencing financial loss and change in routine	Cumulative stress	<ol style="list-style-type: none"> 1. Increased confusion: The person with dementia may become more confused or disoriented due to the stress and changes in routine. 2. Behavioral changes: The person with dementia may experience behavioral changes, such as increased agitation, aggression, or restlessness. 3. Emotional distress: The person with dementia may experience emotional distress, such as anxiety, depression, or sadness, as they struggle to cope with the stress and changes in their life. 4. Physical health: The stress of recent life changes can also have physical impacts on the person's health, such as decreased appetite, disrupted sleep, or weakened immune system.
G. You notice person getting overwhelmed or stressed by living environment, such as noise, lighting, or crowded spaces	Environmental stress	<ol style="list-style-type: none"> 1. Excessive noise: Loud or unfamiliar noises, such as construction work, traffic, or loud music, can be confusing and distressing for a person with dementia. Anxiety and fear: The person with dementia may experience anxiety and fear due to the crowded or noisy living environment, which can lead to increased stress and agitation. Sleep disturbances: The overwhelming or stressful living environment can cause sleep disturbances, leading to fatigue and further exacerbation of behavioral symptoms.

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		<ol style="list-style-type: none"> 2. Social isolation: The person with dementia may avoid social activities or interactions due to the overwhelming or stressful living environment, leading to social isolation and decreased quality of life. 3. Lack of structure or routine: Changes in routine or lack of structure can be disorienting and lead to feelings of confusion and anxiety. 4. Overcrowding or lack of privacy: Living in an overcrowded or noisy environment can be overwhelming and distressing for a person with dementia, particularly if they require quiet and privacy to manage their symptoms. Physical health: The stress of living in an overwhelming or stressful environment can have physical impacts on the person's health, such as increased heart rate, high blood pressure, and weakened immune system. 5. Poor lighting: Inadequate lighting can make it difficult for a person with dementia to navigate their surroundings and may exacerbate visual impairments. 6. Unfamiliar surroundings: Being in an unfamiliar or unfamiliar environment, such as a hospital or unfamiliar home, can be disorienting and lead to feelings of confusion and anxiety.
<p>H. You notice a person getting affected by due to unmet physical needs for along period of time such as Inflexible or demanding</p>	<p>Accumulative stress</p>	<ol style="list-style-type: none"> 1. Cognitive decline: Prolonged stress can lead to cognitive decline, which can cause memory loss and difficulty with decision-making.

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<p>daily routines, such as rigid meal times or a lack of variety in activities</p>		<ol style="list-style-type: none"> 2. Increased behavioral symptoms: Accumulated stress can increase behavioral symptoms, such as agitation, aggression, and wandering. 3. Physical symptoms: Stress can cause physical symptoms, such as headaches, digestive problems, and muscle tension. 4. Social withdrawal: Accumulated stress can cause a person with dementia to withdraw from social interactions, leading to loneliness and isolation. 5. Poor sleep quality: Stress can disrupt sleep patterns, causing a person with dementia to have difficulty falling asleep or staying asleep. 6. Depression and anxiety: Accumulated stress can increase the risk of depression and anxiety in people with dementia.
<ol style="list-style-type: none"> 1. You notice a person feeling isolated due to lack of interaction and facing social isolation 	<p>Social stress</p>	<ol style="list-style-type: none"> 1. Social stress can lead to increased behavioral and psychological symptoms of dementia (BPSD), such as aggression, wandering, and repetitive behaviors. 2. Social stress can reduce the quality of life of individuals with dementia, leading to feelings of isolation and loneliness. 3. Social stress can affect the emotional well-being of individuals with dementia, causing depression, anxiety, and other mood disorders. 4. Social stress can lead to changes in sleep patterns and appetite, which can further

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		<p>exacerbate the symptoms of dementia.</p> <ol style="list-style-type: none"> 5. Social stress can affect the physical health of individuals with dementia, leading to a decline in overall health and an increased risk of falls and other health complications. 6. Social stress can increase the risk of institutionalization, as individuals with dementia may require more intensive care than their caregivers can provide. 7. Social stress can cause caregivers to experience burnout, reducing the quality of care provided to individuals with dementia.
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Question 15

This question has two parts you must complete both parts of the question.

Briefly explain the role of assistive technologies and provide one (1) example each of assistive technology that can be used to:

- a) help maintain and promote the independence of people with dementia or other age-related conditions and
- b) help enable inclusion and participation of people with dementia or other age-related conditions?

Assessor note: Students must be able to explain the role of assistive technology and provide one example to support a and b part of the question. Also note that there is an exhaustive list of assistive technologies available in the market and used at different settings as long as the student is able to identify the technology and its use, they would sufficiently pass the assessment. Below are just sample answers but all assistive technologies are not covered.

(Word count approximate 280-300 words)

Assistive technologies are designed to assist people in performing tasks or activities that may be difficult or impossible to do on their own, thereby promoting their independence. They are designed to provide customized support that meets the unique needs and preferences of each individual, allowing them to perform tasks or activities that may be challenging or impossible without assistance.

Example of assistive technology that can help in maintaining and promoting independence include:

For example:

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- a person with mobility impairment may use a wheelchair or a person with dementia may wear a GPS tracker or a fall detection device to alert caregivers in case of an emergency.
- A medical condition may use a remote monitoring system to track their vital signs and receive alerts if their condition worsens.

Example of assistive technology that provide support that enables individuals to participate more fully in social and community activities, and to engage in activities they enjoy include

- Assistive technologies such as speech-generating devices, text-to-speech software, and communication apps can help individuals with speech or language impairments to communicate more effectively with others. This can help them to participate in conversations, express their needs and preferences, and engage in social activities.
- Assistive technologies such as hearing aids, captioning devices, and visual aids can help individuals with sensory impairments to participate in social and community activities. This can include attending concerts or movies, participating in group conversations, and engaging in leisure activities.
- Assistive technologies such as screen readers, magnifying software, and adaptive keyboards can help individuals with visual, cognitive, or physical impairments to use technology and access information. This can help them to participate in online communities, access education and employment opportunities, and engage in leisure activities.

Question 16

This question is based on scope and breadth of various types of assistive technologies. Provide answers in the table below on the scope and breadth of the listed assistive technologies.

(Approximate word limit 850-900 approximate total)

Assessors note: Students answers must be as per the sample answer provided below however the wording may vary.

Assistive Technology	Scope and Breadth of the technology
a. Briefly explain the scope and breadth of the listed assistive technologies to support individuals with dementia in the area of self-care?	<ol style="list-style-type: none"> 1. Medication Reminders: Pill dispensers and medication reminders can help individuals with dementia remember to take their medication at the appropriate times. 2. Bathing and grooming aids(shower chairs, grab bars): Devices such as bath and shower seats, grab bars, and handheld showerheads provide support and stability during bathing, reducing the risk of falls and making it easier for the person with dementia to perform self-care tasks.
b. Briefly explain the scope and breadth of the listed assistive technologies that can help individuals with continence and hygiene issues.	<ol style="list-style-type: none"> 1. Incontinence pads and briefs: These products are designed to absorb and contain urine and/or fecal matter for individuals with incontinence issues. They can be worn

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	<p>discreetly under clothing and come in a variety of sizes and absorbency levels to meet individual needs.</p> <ol style="list-style-type: none"> 2. Catheters: Catheters are flexible tubes that are inserted into the bladder to drain urine. They are used by individuals who cannot urinate on their own due to a variety of conditions such as spinal cord injury, multiple sclerosis, or urinary retention.
<p>c. Explain how the listed assistive technology augmentative and alternative communication (AAC), can help individuals with dementia and with communication impairments</p>	<ol style="list-style-type: none"> 1. Visual aids: These include picture boards, picture books, or flashcards that help individuals with dementia communicate basic needs or wants by pointing to pictures or symbols. 2. Electronic communication devices: These devices use visual or auditory cues to help individuals with dementia communicate. They can be programmed with phrases, pictures, or symbols that the individual can activate with the touch of a button.
<p>d. Briefly explain the scope and breadth of these assistive technologies that help individuals with mobility impairments who need lifts and transferring assistance?</p>	<ol style="list-style-type: none"> 1. Wheelchairs: Wheelchairs are a type of mobility assistive technology that provides people with limited mobility the ability to move around independently. There are different types of wheelchairs, including manual wheelchairs, electric-powered wheelchairs, and lightweight wheelchairs designed for easier transport. 2. Transfer boards: Transfer boards are a type of transferring assistive technology that are used to help people with limited mobility transfer from one surface to another, such as from a bed to a wheelchair or from a wheelchair to a car. These boards are designed to be strong and durable, and may be made from materials like plastic or wood.
<p>e. Explain how the types of assistive technologies can help individuals with cognitive impairments manage their daily routines and remember important tasks.</p>	<ol style="list-style-type: none"> 1. GPS tracking devices: GPS tracking devices can be used to help individuals with cognitive impairments who may be prone to wandering or getting lost. These devices can be worn or carried by the user, and can be programmed to send alerts to caregivers or family members if the user leaves a designated area. 2. Reminder apps: Reminder apps can be used to set reminders for daily tasks, medication

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	<p>schedules, and other important events. Some reminder apps offer visual cues, such as pictures or icons, to help individuals with cognitive impairments remember what they need to do.</p>
<p>f. Briefly explain how screen readers and hearing aids type of assistive technologies can help individuals with hearing and vision impairments access information and communicate effectively?</p>	<ol style="list-style-type: none"> 1. Screen readers are software programs that read text on a computer screen aloud for individuals who are visually impaired. This allows individuals who are blind or have low vision to access information that would otherwise be inaccessible. 2. Hearing aids are electronic devices that are designed to amplify sound for individuals with hearing impairments. They can help individuals hear sounds that they may have difficulty hearing otherwise, such as speech or music. This technology allows individuals with hearing impairments to communicate effectively in a wide range of situations, including conversations with family and friends, meetings, and public events.
<p>g. Briefly explain how smart home technologies such as smart lights, smart locks help individuals with cognitive impairments in their daily living activities?</p>	<ol style="list-style-type: none"> 1. Smart locks can be used to ensure that doors are locked and secure, preventing individuals with dementia from wandering or getting lost. 2. Smart lights can be programmed to turn on automatically when an individual with dementia enters a room, providing better orientation and reducing confusion. This can be especially helpful for individuals with dementia who may have difficulty finding their way around their home.
<p>h. Briefly explain how each of these technologies can help individuals with dementia engage in recreation and leisure activities</p>	<ol style="list-style-type: none"> 1. Digital photo frames: Digital photo frames can display a slideshow of family photos or favorite memories, which can help to stimulate memories and spark conversations. These frames can also be preloaded with music or videos that an individual with dementia enjoys. 2. Adaptive gardening tools such as raised garden beds, wheeled planters: Gardening can be a very enjoyable activity for individuals with dementia, but it can be challenging due to physical limitations or mobility issues. These

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	can make gardening more accessible and enjoyable for individuals with dementia.
i. Explain how the two systems can help in home and other environments to support person with dementia.	<ol style="list-style-type: none"> 1. Home automation systems: These systems can help people with dementia with everyday activities such as turning lights on and off, adjusting the temperature, and opening and closing doors, all with voice commands or remote control. 2. Telehealth technology: This includes video conferencing platforms that enable remote consultations with healthcare professionals, as well as wearable devices that can monitor vital signs and alert healthcare providers if there are any concerns.
j. Explain how the two systems can help people with dementia in area of education and employment.	<ol style="list-style-type: none"> 1. Memory Aids: Memory aids can help individuals with dementia remember important information. Examples of memory aids include digital voice recorders, note-taking apps, and digital calendars. These tools can help individuals remember important dates, appointments, and to-do lists. 2. Text-to-speech software: This technology can read text aloud, making it easier for individuals with dementia in education and employment. Software such as NaturalReader or ReadSpeaker can be used to convert text into speech.
k. Briefly explain how the two technology can help person with dementia supporting there eating and drinking routines?	<ol style="list-style-type: none"> 1. Picture menus on tablets/screens: Some individuals with dementia may have difficulty reading or understanding written menus. Picture menus can provide visual cues that make it easier to select and order food items. 2. Talking reminders: These can be helpful in reminding individuals to eat or drink at regular intervals. Some talking reminder devices allow caregivers to record personalized messages or alarms that can be set to go off at specific times.
l. Pressure area management is an important aspect of care for individuals with dementia who may spend extended periods of time	<ol style="list-style-type: none"> 1. Lift and transfer devices: These devices can be used to help individuals with dementia move safely and comfortably from one location to

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<p>sitting or lying down. Briefly explain how the two devices can support this.</p>	<p>another. Examples include patient lifts and transfer chairs.</p> <p>2. Bed sensors: These sensors can be placed under the mattress and can detect changes in pressure, movement, or position. Caregivers can be alerted if the individual has been in the same position for too long, allowing them to reposition the individual and reduce the risk of pressure ulcers.</p>
<p>m. Explain the scope of breadth of the listed technology that can assist carers in supporting people with dementia.</p>	<p>1. Fall detection devices: Fall detection devices can alert caregivers if an individual with dementia falls and needs assistance in a timely manner.</p> <p>2. Pressure mapping systems: These systems use sensors to monitor pressure points and provide real-time feedback to caregivers. The information can be used to adjust positioning or provide interventions to prevent pressure sores.</p>

Question 17

As a health support worker you have many legal and ethical duties and responsibilities that you must adhere to in your workplace. Below are a two(2) scenarios that you must read and answer all questions.

Student note- The legislative requirements of Aged care ACT (1997) are embedded within the Aged Care Quality standards to answer the legal and ethical requirements refer to [Australian Aged Care Quality Standards](#) and complete the answers.

Assessor Note: Students answers must be in line with the benchmark answers provided below however the wording may vary.

Scenario -1

Mrs. Smith is a 79-year-old woman with dementia who lives in a residential care facility. She has been assessed as being at risk of falls and has a history of wandering. The care staff are concerned that she may leave the facility unsupervised and wander off, but Mrs. Smith is insistent that she wants to go for walks outside.

Q1 Refer to the Australian Aged care standards and write (one) legal and (one) ethical consideration that care staff have as part of their duty of care responsibilities.

(Word limit approximate 130-140 words)

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One legal consideration for the care staff in this scenario is to ensure that they are meeting the requirements of the Aged Care Quality Standards, which require aged care providers to provide care that is safe, effective, and responsive to the needs and preferences of their residents. The care staff have a duty of care is to ensure Mrs. Smith's safety and wellbeing is maintained while she is under their care, and they must take reasonable steps to manage the risks associated with her history of wandering.

One ethical consideration for the care staff in this scenario is to respect Mrs. Smith's autonomy and right to make choices. While the care staff have a duty of care to ensure her safety, they should also strive to support her independence and dignity as much as possible.

Q2 Explain the concept of dignity of risk and write legal and ethical consideration care staff need to make in terms of maintaining Mrs Smith's right to make a choice.

(Word limit approximate 140-150 words)

The principle of dignity of risk, recognizes that individuals have the right to make choices and take reasonable risks, even if those choices involve some level of risk. In this case, Mrs. Smith has expressed a desire to go for walks outside, which is a reasonable desire that aligns with her autonomy and independence. The ethical consideration that care staff need to take is that the care staff need to balance this desire with their duty of care to keep her safe, and they should work with her and her family to find ways to manage the risks associated with her wandering while still respecting her autonomy and dignity. This may involve finding ways to support her to go for walks outside in a safe and supervised manner, or providing her with other opportunities to engage in outdoor activities that are less risky.

Q3 Refer to the [Charter of Aged Care Rights | Aged Care Quality and Safety Commission](#) and write one(1) ethical and legal consideration that is applicable to the care staff to maintain rights to dignity of risk for Mrs Smith.

(Word limit 165-175 words)

The charter of aged care rights states the key human rights principles that is relevant to people with dementia is the right to dignity of risk. This principle recognizes that people have the right to make choices and take risks that are consistent with their own values and preferences, even if those choices involve some level of risk or uncertainty. For people with dementia, this means that they should be supported to make decisions about their own lives and to take reasonable risks that enable them to maintain their independence and dignity.

One ethical consideration for the care staff is to ensure that they are respecting Mrs. Smith's human rights, including her right to freedom of movement and to make decisions about her own life. As a person living with dementia, Mrs. Smith may be particularly vulnerable to having her autonomy and rights restricted, and it is important for the care staff to ensure that they are supporting her to maintain her dignity and independence as much as possible.

Scenario 2

Mrs. Johnson is an 85-year-old woman living with dementia in a residential care facility. She is wheelchair-bound and requires assistance with all activities of daily living. One day, a care staff member notices that Mrs. Johnson has

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developed a pressure sore on her buttocks. The care staff member is unsure how to proceed, as Mrs. Johnson is non-verbal and unable to express her wishes or consent to treatment.

Q1 What is the carer 'Duty of care' towards Mrs Johnson?

(Word limit approximate 55-65 words)

The care staff member has a duty of care to Mrs. Johnson, which means they must act in her best interests, ensure her safety and wellbeing, and prevent harm. In this scenario, the care staff member must take steps to prevent the pressure sore from worsening and ensure that Mrs. Johnson receives appropriate treatment and care.

Q2 How can the carer balance Mrs Johnsons balance the need for safety and protection with the principle of dignity of risk?

(Word limit approximate 65-70 words)

Mrs. Johnson has the right to dignity of risk, which means that she should be supported to make her own choices and decisions, even if those choices involve some level of risk. In this scenario, the care staff member should involve Mrs. Johnson in decisions about her treatment and care as much as possible, taking into account her cognitive impairment and communication difficulties.

Q3 What are Mrs Johnson's Human rights and how can care staff ensure they are meeting her rights?

(Word limit approximate 35-40 words)

Mrs. Johnson has the right to dignity, autonomy, and freedom from harm. The care staff member must respect Mrs. Johnson's rights and ensure that she receives appropriate care and treatment that is consistent with her wishes and preferences.

Q4 Refer to the [Code of Conduct for Aged Care - Case studies for workers and providers \(agedcarequality.gov.au\)](https://agedcarequality.gov.au)

Relevant codes of conduct and write one responsibility care staff have to apply the code of conduct.

(Word limit approximate 135-145 words)

The care staff member must adhere to the Australian Aged Care Quality and Safety commissions code of Conduct, which requires them to act in the best interests of their clients, maintain professional standards of care, and respect their clients rights and dignity. In the case of Mrs. Johnson, this means that the care staff member should report the pressure sore to a registered nurse or clinical manager and ensure that appropriate treatment and prevention measures are initiated. In the case of Mrs. Johnson, the care staff member should communicate with her in a way that is respectful and considerate, even though she may not be able to express her wishes or consent to treatment directly. The staff member should also ensure that Mrs. Johnson's privacy is protected throughout the process of assessing and treating her pressure sore.

Q5 Refer to the Australian Aged care quality standards and write Legislative and statutory obligations and reporting requirements that care staff must follow?

(Word limit approximate 75-80 words)

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These reporting responsibility and obligations are set out in the Aged Care Act 1997 and the Aged Care Quality Standards. The aged care providers have a legal obligation to report any suspected or actual incidents of abuse or neglect of residents to the Department of Health. The care staff member must report the pressure sore to their supervisor, registered nurse or clinical manager, as it may be a sign of neglect or poor quality of care.

Q6 The Aged care providers must comply with the Privacy ACT (1988) that regulates the handling of information and write one responsibility that care staff have to maintain the Privacy, confidentiality, and disclosure of Mrs Johnson's situation.

(Word limit approximate 235-240 words)

The care staff member must respect Mrs. Johnson's privacy and confidentiality, and only disclose information to those who have a legitimate need to know. Any personal health information about Mrs. Johnson must be handled in accordance with the Privacy Act 1988 and the Australian Privacy Principles. In the case of Mrs. Johnson, her personal health information, including information about her dementia and pressure sore, is considered confidential and should only be shared with those individuals who have a legitimate need to know, such as her healthcare providers and caregivers. The care staff member who noticed the pressure sore should report it to the appropriate healthcare providers and document the incident in Mrs. Johnson's medical record.

In terms of disclosure rights, Mrs. Johnson has the right to access her own medical records under the Privacy Act 1988. She may also have the right to appoint a representative or advocate to act on her behalf and make healthcare decisions for her if she is unable to do so. The care staff member should inform Mrs. Johnson's healthcare providers of any concerns or changes in her condition, and involve her or her representative in any treatment decisions to the extent possible.

It is important for the care staff member to follow the appropriate policies and procedures for reporting and documenting incidents, as well as ensuring that Mrs. Johnson's privacy and confidentiality are protected at all times.

Q7 Briefly explain the Mandatory reporting responsibility that care staff have in this situation?

(Word limit approximate 110-115 words)

As a care staff member, they must report any suspected or actual incidents of abuse or neglect to the relevant authorities. Specifically, the care staff member should follow their facility's policies and procedures for incident reporting. They should immediately report the pressure sore to their supervisor or manager, and complete an incident report form as soon as possible. The incident report form should include details about the incident, such as the location and severity of the pressure sore, and any actions that were taken in response. Additionally, the care staff member should ensure that Mrs. Johnson receives appropriate medical attention for the pressure sore.

Q8 Briefly explain the Work health and safety responsibility staff members have in relation to Mrs Johnsons condition?

(Word limit approximate 90-100 words)

The care staff member must ensure that they are providing care and treatment to Mrs. Johnson in a safe and appropriate manner, and follow the organisations work health and safety policies and procedures. They must also

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report any hazards or risks to their supervisor. Once risks have been identified and assessed, staff must take appropriate action to control those risks. This may involve implementing interventions to prevent the pressure sore from worsening, such as repositioning Mrs. Johnson regularly to relieve pressure on the affected area.

Question 18

This question has four parts. You must complete all the parts.

Assessor note: Students answers must be as per the sample answer provided below however the wording may vary.

a) List and briefly describe five (5) Key Reporting and Documenting Policies and Procedures that the organisation must have in place when providing care for an elderly person with dementia.

(Word limit 200-210 words)

1. Documenting a care plan: The organization must develop and maintain a comprehensive care plan for the person with dementia. The care plan must be updated regularly to reflect any changes in the person's condition or care needs. The care plan should include the person's medical history, medications, allergies, and any other relevant information.
2. Incident Reporting: The organization must have a policy for reporting and documenting incidents that occur while providing care services to the person with dementia. This policy should include reporting any injuries, falls, or other incidents to the appropriate authorities.
3. Communication: The organization must have a policy for communicating with the person with dementia and their family members or caregivers. This policy should include strategies for communicating with individuals who have difficulty communicating due to dementia.
4. Privacy and Confidentiality: The organization must have a policy for protecting the privacy and confidentiality of the person with dementia. This policy should include guidelines for accessing and sharing the person's personal information.
5. Ongoing daily documentation: The organization must have a policy for documenting care services provided to the person with dementia. This policy should include guidelines for documenting daily activities, care provided, and any changes in the person's condition.

b) List and briefly explain five (5) reasons why it is important to maintain accurate, objective and appropriately detailed records?

(Word limit 200-210 words)

Assessor note: Student must answer as per below sample answer however there wording may vary.

1. Communication: Records provide a means of communication between different individuals and organizations involved in the care of the person with dementia. Accurate and detailed records ensure that everyone is on the same page when it comes to the person's care needs, history, and current condition.
2. Continuity of Care: Detailed records ensure that care providers can provide continuity of care. Accurate records provide a clear picture of the person's needs, preferences, and treatment history, enabling care providers to develop and implement appropriate care plans that take into account the person's unique needs.

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3. Legal Compliance: Accurate records ensure that the organization is in compliance with legal requirements, including privacy and confidentiality laws, informed consent, and reporting of incidents.
4. Quality of Care: Objective and appropriately detailed records can help to identify areas where care can be improved. Care providers can use the information contained in the records to identify patterns of behavior or symptoms that may require additional attention or different interventions.
5. Liability: Accurate records can help to protect the organization from liability in the event of an adverse incident. Clear, detailed records can demonstrate that the organization acted appropriately and within its scope of practice when providing care to the person with dementia.

c) List and briefly explain two(2) organisational policies and procedures for storage of documentation that must be followed.

(Word limit 110-115 words)

Assessor note: Student must answer two(2) out of four(4) options provided below.

1. Electronic storage: All electronic health records must be stored securely on a password-protected server or in the cloud, with access restricted to authorized personnel.
2. Physical storage: Paper records and any other physical documentation must be stored in a locked cabinet or room with limited access.
3. Data retention: All health information must be retained for the minimum period required by law, and then securely destroyed.
4. Access controls: Access to health information must be granted only to authorized personnel who require the information to perform their duties.

d) List and briefly explain five(5) organisational policies and procedures that includes the process for making a referral, documenting and recording referrals?

(Word limit 185-200 words)

Assessor note: Student must answer as per below sample answer however there wording may vary.

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1. **Clear Guidance on Referral Criteria/Referral process:** The policies and procedures specify the criteria for making a referral. This may include the type and severity of the client's dementia, specific needs and concerns, and any other relevant factors that should be considered. The process for making referrals, includes procedures for obtaining consent from the person with dementia or their legal guardian.
2. **Communication:** The organization establish clear lines of communication with the service or provider to which the person with dementia is being referred, including sharing relevant medical and personal information as needed.
3. **Follow-up:** The organization establish procedures for following up on referrals to ensure that the person with dementia receives the appropriate care and that the referral was successful.
4. **Evaluation:** The organization periodically evaluate its referral policies and procedures to ensure that they are effective and efficient, and to make any necessary changes based on feedback or changing needs.
5. **Documentation:** The organization maintain accurate and detailed records of all referrals, including the reason for the referral, the service or provider to which the person with dementia was referred, and any relevant follow-up or evaluation information.

Assessment checklist:

Students must have completed all short answer questions within this assessment before submitting. This includes:

1	18 short answer questions to be completed in the spaces provided.	<input type="checkbox"/>
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Congratulations you have reached the end of Assessment 1!

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