

SDA CARE

building independence and
enabling our young people

Behaviour that Challenges Policy and Procedure

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#WEBELIEVEINYOUNGPEOPLE

1. Purpose

To provide all staff with the core principles that promote the children, young people and staff safety, by understanding why behaviours that may challenge can occur, and that the use of de-escalation can enable the respect and dignity of a child or young person at all times and the use of the least restrictive option. Staff should dovetail this policy with the Restraint Policy and Procedure

To meet the legal requirements of the regulated activities that Social Development Agency Care Ltd is registered to provide:

- The Care Act 2014
- Health and Safety at Work etc. Act 1974
- Human Rights Act 1998
- Management of Health and Safety at Work Regulations 1999
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Mental Health Act 1983

2. Objectives

To allow staff to develop an understanding of the needs of a child or young person who may display behaviour that may challenge. With greater understanding, staff are able to monitor for triggers in behaviour and minimise the risk of escalation and further distress. Staff are clear on the requirements within relevant codes of practice and associated policies and procedures to support correct de-escalation, balanced with respect of human rights.

3. Policy

Social Development Agency Care Ltd will have resources and knowledgeable, competent staff available to respond appropriately to behaviours that may challenge as they present. This includes being aware of the environment and how this can minimise triggers that may escalate those behaviours whilst complying with Health and Safety and other policies associated with safeguarding Children and young people, staff and visitors.

Staff will always maintain an open and honest approach towards all children and young people and deliver care in a consistent and non-judgmental manner.

4. Procedure

Social Development Agency Care Ltd acknowledges that no policy or procedure can eliminate behaviours that challenge and there is no “one size fits all” approach to its management. However, the following procedures are based fully on evidenced-based practice, underpinned by person-centred support planning and recognition that everyone is unique and individual.

Skilled management can often divert or distract from behaviours that may challenge. Staff should refer to the Stop and Pause document (in the Forms section of this policy) to understand why a child or young person may present with behaviours that challenge and techniques to support effective person-centred planning.

Assessment

Assessment should begin at the enquiry stage; sufficient information should be gathered to alert Social Development Agency Care Ltd of the types of needs the child or young person has.

At this stage, the House Manager or senior member of staff must establish any conditions or previous history of behaviours that could present. It should also be established if the child or young person has an advance statement in place.

Methods of dealing with the behaviour must be determined by Social Development Agency Care Ltd, as well as whether:

- Social Development Agency Care Ltd can meet the needs of the child and young person
- Staff are competent to meet the children and young people's needs whilst promoting independence

Where there is any doubt, Social Development Agency Care Ltd must not accept the care of the child or young person and can support in offering alternative providers.

Upon commencement of the service, a full Support Plan and risk assessment must be completed. Triggers for behaviour and methods of dealing with it must be documented in the Support Plan and explained to all staff involved in the child or young person's care. The behaviours assessment in the Forms section of this policy can support with this.

The child or young person and family/significant other must be involved in the Support Planning and risk assessment, and an agreement should be reached on what risks will be acceptable and the interventions that they would and would not wish to be used. This includes:

- What risk the child or young person is prepared to take against the wishes of the staff
- What actions will be taken if the child or young person exhibits behaviour that challenges which does not respond to the usual interventions

A child or young person must be encouraged to regularly review their wishes with staff, and changes must be clearly documented within their Support Plan and other documentation.

Care and Treatment

Social Development Agency Care Ltd care staff must:

- Develop individualised Support Plans with the child or young person and any other health care professionals that may be involved in their care, that includes an assessment of risk
- Monitor and record behaviours using the Record of Incidents of Behaviours That May Challenge, found within the Forms section of this policy
- Provide structured and planned activities following assessment of child or young person's needs. Which may include:
 - Reality orientation
 - Validation approach
 - Multisensory environments
 - Music therapy
 - Relaxation and complementary therapies

Activities will be reviewed and adapted according to the changing needs and preferences of the children and young people.

The GP and/or community mental health team will be sourced to support ruling out of medical conditions and to identify specific plans and strategies for dealing with new or repeated episodes of challenging behaviour from the child or young person.

Dealing with an Incident

The following steps will be taken when supporting a child or young person with behaviours that challenge:

1. Try to stay calm and do not enter into an argument. Reassure the person and try to distract their attention.
2. Ensure that there is only one staff member taking the lead with discussions with the child or young person.
3. If the person is physically violent, give them plenty of space. Unless it is absolutely necessary, avoid closing in or trying to restrain someone, as this can make matters worse.
4. Ask yourself if whatever you are trying to do for the person really needs to be done at that moment. If you are able to give them a little space, come back in five or ten minutes and try again gently – you may be able to avoid a confrontation.
5. Watch out for warning signs, such as anxious or agitated behaviour or restlessness, and take action immediately to help the person feel calmer and reassured.
6. Try to work out what triggers any aggressive behaviour by communicating with other Support Workers and with those that know the child or young person best. It may be something that can easily be addressed such as changing a battery in a hearing aid so that they can hear you properly.
7. Talk to the child or young person about what is upsetting them and involve their loved ones where possible, be patient and reassuring, whilst maintaining a non-critical and non-dominating attitude. Attempt to establish a rapport and emphasise cooperation.
8. Be aware and support others that may be within the vicinity of the challenging behaviour and distract accordingly. If necessary, encourage and support other people to move away from the vicinity.
9. In the event of lives being at immediate risk from the behaviour of the child or young person, call 999 to access the police.

Restraint

Staff must refer to the official Restraint Policy and Procedure at Social Development Agency Care Ltd for further clarification in this area and ensure that NICE guidance and best practice is followed.

Post-Incident Action

- Notify GP and other members of the multidisciplinary team as appropriate
- Involve fellow care staff in discussions about the cause, learning and future management for the Children and young people, as per the post-incident review detailed in section 5.7
- Inform their relative/significant other

- Complete the appropriate Incident/Accident Forms
- Complete a regulatory notification, where required (i.e. police involvement, harm to a child or young person etc)
- Update associated risk assessments and Support Plans
- Introduce a behaviour assessment form, if this is the first episode, or update accordingly
- Ensure that handover communications include the incident to inform all relevant Support Workers that support the child or young person
- Debrief and support any staff involved who may be emotionally affected by the incident

Post-Incident Review

A post-incident review will need to take place as soon as possible and within at least 72 hours of an incident ending. If possible, a person not directly involved in the incident will lead the review. The review will address:

- What happened during the incident?
- Any trigger factors
- Each person's role in the incident
- Their feelings at the time of the incident, at the review and in the near future
- What can be done to address their concern?

A documented record of this must be drawn up, especially in relation to restraint.

If a child or young person is restrained, this must be discussed and the reasons why this was deemed necessary must be shared.

Training and Development

For new Support Workers, they will be required to complete the Care Certificate (refer to the Induction and Onboarding Policy and Procedure at Social Development Agency Care Ltd for further details). The following completed standards will support a greater understanding of how to support a child or young person with behaviours that may challenge:

- Work in a person-centred way
- Communication
- Privacy and dignity
- Awareness of mental health, dementia and learning disabilities
- Safeguarding adults

Staff should be taught how to de-escalate and should access the resources available to them.

House Manager or designated other will source additional training, on an 'as and when required' basis, dependent on the child or young person group across the service. Staff are encouraged to gain knowledge by use of resources and current practice in the areas of:

- De-escalation techniques
- Trigger awareness
- Risk assessment and support planning
- Conditions that can cause behaviours that challenge

Reflection around behaviour that challenges should be discussed (as appropriate) within supervision sessions and via group team meetings.

House Manager or designated other will ensure that there is access and key contact details available of local multidisciplinary professionals in the area who can offer support and advice.

5. Definitions

Advance Statements

Advance statements are non-legally binding documents, but give an opportunity to identify a Children and Young People's preferences about interventions and care

Behaviour that Challenges

"Severely challenging behaviour refers to culturally abnormal behaviour(s) of such an intensity, frequency or duration, that the physical safety of the person or others is likely to be placed in jeopardy, or behaviour which is likely to seriously limit use of or result in the person being denied access to ordinary community facilities." (Emerson, 1995). There is a range of definitions of challenging behaviour; Emerson's definition can be used service-wide

Behaviours that could be described as challenging include physical or verbal aggression, self-injury, property destruction, non-compliance and anti-social nuisance behaviour. The definition of any given behaviour as challenging is subjective and relative. Therefore, it is always necessary to precisely describe the behaviour that is being labelled as challenging in terms of its effects on the person, on their lifestyle, and on other people

De-escalation

This involves the use of techniques that can bring about a gradual resolution of a potentially violent or aggressive situation, through the purposeful use of a complex range of communication and therapeutic intervention skills

Consent

Consent is a child or young person's agreement for a care or health professional to provide care.

A child or young person may indicate implied consent non-verbally (e.g. by presenting their arm for their pulse to be taken), orally, or in writing.

For the consent to be valid, the child or young person must be competent to take the particular decision, have received sufficient information to take it, and not be acting under duress.

Mental Capacity

Having mental capacity means that a person is able to make their own decisions.

The Mental Capacity Act 2005 is designed to cover situations whereby someone is unable to make decisions because of an impairment of, or a disturbance in the functioning of their mind or brain. The Act says that a person is unable to make a particular decision if, due to an impairment of, or a disturbance in the functioning of their mind or brain, they cannot understand information about the decision to be made (the relevant information), or retain the information in their mind, or use or weigh that information as part of the decision-making process or communicate their decision.

Interventions

A proactive, recovery-focused approach aimed at preventing the likelihood of challenging behaviour occurring. The gathering of information from the child or young person, their carers and families, colleagues and other agencies will lead to a formulation of the risk issues. That assessment will identify preventative strategies, both to promote a positive environment and to minimise the risks. Specific management guidelines will be based on individual planning of care. Interventions may include the promotion of alternative coping skills and activities, environmental change, de-escalation, use of rapid tranquilisation, physical control and restraint, and seclusion

Minimum level of interventions must be used and the child or the young person is supported in developing their own positive coping and risk management skills. Exceptions to these principles may be requested through an individual's advance request. Further functional analysis of behaviours, near misses and incidents must be undertaken to inform the clinical and management strategies

Professionals providing this service should be aware of the following:

- To describe behaviour as challenging can be subjective and defined by culture and other factors
- Behaviour that challenges is not a diagnosis
- Staff need to understand the theory of behaviour that challenges and support children and young people in a positive manner
- A child or young person should be involved as much as possible in understanding their own behaviour and identifying support methods
- Assessment and Support Planning are central to the development of ways of supporting people with behaviour that challenges
- The principles of the Mental Capacity Act 2005 must be followed at all times when supporting people through episodes of behaviour that challenges
- Staff will receive effective training on prevention, intervention and management of behaviour that challenges and only staff that have received training will be directly involved in the management of challenging behaviour
- All incidents should be recorded and debrief sessions held following the event
- Behaviours that could be described as challenging include physical aggression, verbal aggression, self-injury, property destruction, non-compliance and anti-social nuisance behaviour

Key Facts - People Affected by The Service

People affected by this service should be aware of the following:

- You will be encouraged to describe in advance what interventions you would wish to be used and in what circumstances, when behaviour that challenges may occur.

Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?
Record of Incidents of Behaviour that Challenges - CP33	Following an event of an incident of behaviours that may challenge occurring.
Assessment of Behaviours - CP33	Following any event of a behaviour that may challenge, used to assess and identify themes and trends that can aid strategies to reduce occurrence in the future.
Risk Factors of Disturbed or Violent Behaviour - A Guide For Staff - CP33	Guide to support staff on the key risk factors for disturbed or violent behaviour.
STOP and PAUSE - CP33	This guide is for carers of those supporting people living with dementia and provides valuable prompts and considerations to support people.

Child or young person's name:		Date:
Support Worker (completing this form)		Time:
Location of event:		
Precipitating factors:		
Account of event:		
Account of injuries:		
Action Taken:	Solutions (tick as appropriate)	
	De-escalation techniques	
	Snoezelen (Controlled Multi-sensory environment)	
	Diversion	
	Specific staff member	
	State type of diversion or name of staff member	
Follow up summary:		

Behaviour Chart (The ABC of Behaviour)		
Child or young person name:	Child or young person number:	Date Chart Started:

Care staff should refer to the Child or young person 's support plan in place to support how potential behaviours can be managed.

Time	Behaviour	What happened before (antecedent)	What happened during (behaviour observed)	What happened after (consequences)	Interventions necessary	Support worker initials

The following lists are not intended to be exhaustive and these risk factors should be considered on an individual basis. Those factors will include factors linked with demographic or personal history and should be taken into account when assessing the risk of disturbed/violent behaviour, including the following features:

- History of disturbed/violent behaviour
- History of misuse of substances or alcohol
- Support Worker reporting the Child or young person's previous anger or violent feelings
- Previous expression of intent to harm others
- Evidence of rootlessness or 'social restlessness'
- Previous use of weapons
- Previous dangerous impulsive acts
- Denial of previous established dangerous acts
- Severity of previous acts
- Known personal trigger factors
- Verbal threat of violence

Evidence of recent severe stress, particularly a loss event or the threat of loss. These factors should be considered in combination with any of the following:

- Cruelty to animals
- Reckless driving
- History of bed-wetting
- Loss of a parent before the age of eight years

In addition to these factors, clinical variables should be taken into account when assessing the risk of disturbed/violent behaviour, including the following features:

- Misuse of substances and/or alcohol
- Drug effects (disinhibition, akathisia)
- Active symptoms of schizophrenia or mania, in particular:
- Delusions or hallucinations focused on a particular person
- Command hallucinations
- Preoccupation with violent fantasy
- Delusions of control (especially with a violent theme)
- Agitation, excitement, overt hostility or suspiciousness
- Poor collaboration with suggested treatments
- Antisocial, explosive or impulsive personality traits or disorder
- Organic dysfunction

In addition to these factors, situational variables should be taken into account when assessing the risk of disturbed/violent behaviour, including the following features:

- Extent of social support
- Immediate availability of a potential weapon
- Relationship to the potential victim (for example, difficulties in relationship are known)
- Access to the potential victim
- Limit setting (for example, staff members setting parameters for activities, choices, etc.)
- Staff attitudes

HELPING SOMEONE WITH DEMENTIA WHO IS DISTRESSED OR BEHAVING UNUSUALLY

There are often good reasons why someone with dementia is distressed or behaving unusually. As you know, the person's brain is working differently and can affect their normal character and many things on a daily basis. This may include forgetting things, repeating things over and over and misunderstanding what others say. The person might not always be able to tell you what's troubling them. Sometimes we react to unusual behaviour without knowing how the brain changes have affected the person's abilities or what they might need or be saying through their behaviour. It can be difficult to work out what the likely cause is and what you can do to help, for the benefit of both of you.

The Alzheimer's Society has more advice and information for people with different types of dementia, not just Alzheimer's dementia. You can go to the website www.alzheimers.org.uk or call them on their helpline (Freephone) on 0300 222 11 22. We have listed useful factsheets on particular behaviours at the end of this leaflet.

If you would like further help, please don't struggle on your own as there are many ways in which people in your situation can be helped. Please contact your local Alzheimer's Society or your doctor for advice. If you want information on how services can help you, see How Health and Social Care Professionals Can Help. <http://alzheimers.org.uk/factsheet/454>

We know that you have probably tried many things and there is often no 'right way' or magic solution. Some approaches work better for some people and situations than others. Also, they may work at one time and not another. It can help to see yourself as exploring what are the most helpful approaches. We have used the ideas of "STOP" and "PAUSE" to describe the keyways to help you listen and watch, to improve your understanding of distress and unusual behaviour.

You may need to try some things for several weeks before you see improvement. If distress or behaviours do not resolve with the advice given below, consult your doctor or ask for a referral to your local specialist mental health services, which works with people with dementia and their families.

You respond... **'STOP' and 'PAUSE'**

STOP

S – See things from the point of view of person with dementia

T – Think about your own thoughts and feelings

O – Observe and ask what the person is trying to communicate and what is going on

P – Patience and persistence

PAUSE

P IS FOR PHYSICAL

Are they in pain?

Pain can be a common cause of changes in behaviour and can result from many problems such as joint pain, dental problems or discomfort from skin problems or constipation.

What to do: Ask the person if they are in pain. Watch out for signs of them being in pain. Change their position if they have been sitting in one place for a long time. If you think they are in pain, get advice from their doctor. Note the activity

they're doing when they are distressed or seem uncomfortable so you can give information to their doctor. Please seek advice from their doctor if the person is taking any medication for pain, either prescribed or purchased. It may be that prescribed painkillers need adjusting or that those being self-medicated are unsuitable.

See the factsheet 'Pain in dementia' from the North West Dementia Centre: https://www.pssru.ac.uk/pub/MCpdfs/Pain_factsheet.pdf

Has their medication been reviewed or changed recently? Are they taking all their medication correctly?

New medicines might be causing side-effects. Older medicines may no longer be needed or may need adjusting. Incorrect use of medication may result in extra side-effects or result in limited or no expected benefits.

Do they have an infection?

They might have an infection such as urinary tract or chest infection or cellulitis. This can lead to changes in behaviour, such as confusion.

What to do? Look out for things like smelly or cloudy urine (wee) or an unusually wheezy chest or redness, itchiness or soreness of the vagina (women) or penis (men), or red and hot patches of skin and report these to their GP.

Are they hungry or thirsty?

Dementia can cause changes in taste and appetite. People may have difficulty managing or recognising food or cutlery. Dehydration (lack of liquid) can happen with changes between hot and cold weather. People may avoid drinking in order to avoid going to the toilet. Being dehydrated can lead to further problems.

What to do: Note any problems with eating or drinking. People may need prompting to use cutlery, such as putting a fork in their hand and guiding their hand to the food. Meals may need to be small and often to ensure that blood sugar is maintained. Look for very yellow urine, which is a sign

that they ought to be drinking more. Encourage drinking and provide support for going to the toilet if needed (see advice in Self-esteem below). Look for problems with denture pain or mouth ulcers. Let their GP know if you are concerned about how much they are eating or drinking.

See factsheet Eating and drinking on the website: <http://alzheimers.org.uk/factsheet/511>

Are they getting enough sleep at night?

Dementia can cause changes in people's sleep schedule so that they wake up more often and stay awake for longer at night. Confusion about time can lead them to think it is daytime at 4am and want to get dressed.

What to do: Note any signs of pain or discomfort upon waking. Keep bedtime routines and provide nightlights and comfort objects. Avoid watching TV in the bedroom or the person spending long periods of time in bed while awake; use bed for sleep and sex. Encourage outdoor exercise or activities to keep them alert during the day. Try to stop or reduce daytime napping. Avoid alcohol and caffeine before bedtime. See their GP if problems persist.

Could they have hearing or eyesight problems?

People can become disinterested in a conversation or an activity just because they cannot see or hear easily.

What to do: Check how well they can see or hear things, even if they have glasses or a hearing aid. Improve the lighting. Make sure that you talk loudly and clearly into the good ear. Avoid competing noises or activities such as TV or radio. Try to move slowly and approach the person from the side where the eyesight and/or hearing are best. Get advice from an optician or hearing specialist if you think their sight or hearing could be improved.

Could they be making 'visual mistakes'?

People with dementia might still have good vision but have problems with making sense of things correctly in front of them (called visuospatial difficulties). This might make it difficult for them to watch TV, use objects correctly or walk confidently. Other examples include misinterpreting reflections in mirrors or avoiding stepping on shiny floor because it looks wet or slippery.

What to do: Improve the lighting. Make sure the rooms are free from clutter and there is space to move around with confidence. Cover-up or change busy patterns on walls and floors. Help the person recognise objects. Do this by showing them how to use the object, getting them to touch the object or using noise, e.g. flushing toilet. Use short simple statements rather than questions or gestures to indicate walking to the toilet, etc. For example, say "come to the toilet" rather than "would you like to go to the toilet"?

Could they be experiencing hallucinations?

Hallucinations may occur with some types of dementia, especially dementia with Lewy bodies. Visual hallucinations are most common and involve seeing things that are not present, usually

people and animals. This can be frightening and lead to changes in behaviour.

What to do: If they are not worried then don't dwell on it. Listen carefully and acknowledge what the person is saying. Talk calmly and try not to argue with them. Consult their GP if the hallucinations persist or worsen or are frightening.

Could the room temperature be too hot or too cold?

What to do: If it is very hot and the temperature cannot be reduced, consider giving them more drinks, use fans or sit them outside in the shade. If it is cold, try the use of blankets and extra clothing.

A IS FOR ACTIVITIES COULD THEY BE BORED OR NEEDING SOCIAL CONTACT?

What to do: Use simple activities to prompt conversation, such as looking at a vase of flowers, a picture on the wall or looking out of the window. Involve them in everyday activities like laying the table. Try and do activities they used to enjoy doing, e.g. gardening or visiting the seaside. Give the person regular opportunities to talk to someone. If one is near, visit your local dementia café where both of you can meet and chat with others in a similar situation (contact your local Alzheimer's Society for more information). See factsheet on 'Keeping active and involved' at: <https://www.alzheimers.org.uk/get-support/publications-and-factsheets/living-with-dementia-active-and-involved>

Is there too much going on or is the person in unfamiliar surroundings with people they don't recognise?

What to do: Consider having more routine and structure in the day by doing the same things at the same time every day; have a quiet-time or use calming activity or music, especially at times they are tired, such as after lunch.

U IS FOR YOU

Are you looking after yourself?

Your situation may be extremely difficult to cope with and you may feel helpless and frustrated. It is important that you look after yourself and your health and have support. You are not going to get it right all the time. It's important that you do not take all the responsibility for managing very demanding situations.

What to do: Try to share the responsibilities with others and accept help from family, friends, neighbours or professionals. Many people benefit from talking with people in a similar situation. You can find information and support from your local Alzheimer's Society branch or carers support organisations (contact details at bottom). You can get ideas on how to solve problems or plan for future living arrangements.

See factsheet 'Carers: Looking after yourself' at: <http://alzheimers.org.uk/factsheet/523>

If you are providing support for someone who cannot manage without it, you are legally entitled to a Carer's Assessment under the Care Act. This assessment is about your needs and what support you need in your caring role. To seek a Carer's Assessment you can call your local Social Care Services or ask someone from your local Carers Centre.

How do you manage the effects on your relationship?

Dementia has probably had an enormous impact on your relationship, both in practical and emotional ways. It is normal to want to turn the clock back to how things used to be before the dementia. You may experience changes in your usual roles, talking and sharing together and closeness. You may find some social situations difficult and embarrassing. Some friends may also avoid you. All of these changes can be experienced as a painful loss.

Within your relationship, you may see things differently from each other. One of you is aware of the difficulties and the other may be unaware or does not seem concerned. Dementia can cause people to forget or be unaware of their difficulties as well as how their actions affect others. This is due to brain damage and is not done on purpose. You might have different ways of coping with the dementia. For example, one of you might downplay the difficulties and one of you might be more accepting and open in talking about dementia.

What to do: Try to continue with the important things in your relationship, including contact with others. Accept that you might need to take responsibility for looking after both of you. See the changes as the result of the dementia symptoms and the different ways in which people cope and notice the moments when you are sharing or enjoying things together. Talk about the impact of the loss and changes if you want to. If you need time on your own or with others, having time apart might improve your mood and relationship.

If you want to feel closer together, do things that you can both do, for example life story work. Develop a "life story" together to support reminiscing and conversations.

Do you understand why they are distressed or behaving out of character for them?

You may struggle to understand someone's changing behaviour. How you understand the behaviour is crucial to how you will react. If you blame yourself or the person, you are more likely to get angry or frustrated.

What to do: Try and find out as much as you can about dementia and what causes certain behaviours. Try to avoid taking things personally or having arguments over mistaken ideas or attempt to change their viewpoint. Your arguments will only end up frustrating you and probably upsetting them. Be mindful of your own tone and facial expressions and try to speak calmly.

S is for SELF ESTEEM

Are they frustrated because they are unable to communicate their needs, or they can no longer do the things they used to do?

People with dementia can find it difficult to feel good about themselves. They may struggle to

adjust to the effects of dementia because they cannot maintain the same skills and activities. This can often be expressed through mood changes or unusual behaviours. You may be tempted to do things for the person to help them and to make life easier.

This is understandable. However, your intention to make life easier could result in taking away the person's confidence and independence in doing things themselves. The saying, 'if you don't use it, you lose it', can be true.

What to do: The aims of the following ideas are to support the person with dementia to adjust to the effects of the dementia, to live life as independently as possible and to engage in social and meaningful activities. Include people in conversations and be aware of how they might be feeling. Let the person finish their sentences unless they ask for your help. Don't point out their mistakes. Keep the flow of conversation going – move on if the person has trouble finding a word or appears anxious. Let them do jobs they are used to doing, e.g. putting some of the shopping away. Break the job down into smaller steps to help them. This will help them feel they are doing something useful. Explain what you plan to do or what you are doing. Ask them questions which require yes/no responses and give plenty of time to respond.

See factsheet: Communicating at <http://alzheimers.org.uk/factsheet/500>

E is for EMOTIONS

Are they sad, scared, depressed or anxious?

People with dementia still experience feelings and emotions even though they may not be able to explain to you their feelings or remember what caused them to feel that way.

What to do: Note down what was going on to see if something triggers the change in feelings or mood. This might be due to certain music, noises or a visit from someone. Encourage distracting activities such as walking. Touching or holding their hand may help calm them and show them you care. Try to pick out key words or phrases and repeat these back as it may help the person focus on a particular topic. Respond to the person's feelings rather than correcting the accuracy of what they are saying. For example, if someone says they miss their mother, think about the meaning behind what they are saying. Are they sad or worried about something? You could encourage them to tell stories about their mother and what they miss about her to help them feel more secure. You might need to try out different ways of responding to see what works best.

If someone's low or anxious feelings or mood persists, ask their doctor for a referral to specialist mental health services.

Other useful factsheets from Alzheimer's Society:

Unusual behaviour - <http://alzheimers.org.uk/factsheet/525>

Coping with incontinence - <http://alzheimers.org.uk/factsheet/502>

Dressing - <http://alzheimers.org.uk/factsheet/510>

Sex and dementia - <http://alzheimers.org.uk/factsheet/514>

Moving and walking about - <http://alzheimers.org.uk/factsheet/501>

Washing and bathing - <http://alzheimers.org.uk/factsheet/504>

Dealing with aggressive behaviour - <http://alzheimers.org.uk/factsheet/509>

Visuoperceptual difficulties - <http://www.alzheimers.org.uk/factsheet/527>

Hallucinations - <https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/hallucinations>

Local Authorities

Croydon, Lewisham, Bromley, Wandsworth, Lambeth