

Providing one-to-one care for the person living with dementia



Background

When someone living with dementia is experiencing high levels of stress or distress, they may present with particular behaviours that could increase the risk of harm to themselves or others. At these times, implementing one-to-one care, where a care partner can spend time with the person could have potential benefits.

Benefits of one-to-one care partner

- The care partner can focus their attention on the person concerned with the aim of reducing stress and distress.
- The care partner will be able to spend time with the person to hopefully develop a rapport.
- The care partner will also be able to observe and interact with the person over a period of time and may be able to identify any contributory factors or triggers that lead to the distress.
- The care partner will be able to observe how the person responds when distressed and intervene to prevent harm whilst this is happening (e.g. re-directing other people away or removing furniture).
- Once identified, care partners can explore and trial interventions to prevent this distress from occurring. For example, if it is identified that a noisy environment is a trigger for a person's distress, the care partner can re-direct the person from this environment until it can be addressed.
- These observations can then be shared with other care partners who are supporting the person ongoing.
- This may also be useful if the person is going through a period of change in which their behaviours may be escalated, for example undergoing treatment for an infection.

Implementing a one-to-one care partner has often been used as a preventative measure to sending someone to hospital and as an alternative to medication to reduce the impact of behaviours and psychological symptoms of dementia, such as:

- Agitation
- Depression
- Anxiety
- Delirium (waiting for antibiotics to take affect)
- Aggression/risk of physical harm to self or others
- Behaviour that is distressing to others
- Sexual disinhibition that impacts on the well-being of others
- Calling or crying out that is distressing or negatively impacts on others

Special considerations and precautions

When considering implementing a one-to-one care partner, careful consideration must be made into what it is hoping to achieve (see benefits above), that and how long the person requires this level of intervention, for example they may not require a one-to-one care partner whilst the person is asleep overnight. It may be useful to establish clear start and stop times and make time to review.

Other considerations are:

- When selecting a care partner to spend time with the person it is important to choose someone who knows the person and is aware of the situation i.e. the person's behaviour they are helping to address.
- If the person wishes to be alone, the care partner is encouraged to respect this and give the person their privacy, for example if the person is spending time in their room, the care-partner will not be expected to remain in the room with them.
- Spending time intensively with one person who is expressing distressed behaviour can be very distressing and stressful for the care partner and can lead to carer fatigue/stress. Regular breaks are encouraged.
- If the care partner is required to spend long periods of time with the person, for example 6 – 8 hours, it is advised that other carers are involved to help relieve the initial care partner and provide regular breaks.
- The care partner does not have to spend all the time engaging with the person. In some cases, the person may not want to have someone with them for such a long period of time and it is important that the care partner does not become a trigger themselves.
- The care partner may learn more about the situation and the person's behaviour just by observing and noting down anything significant about the person's presentation, their response to others and any changes in the environment that may occur.
- The care partner is encouraged to focus on the person and the person alone. They are not expected to help others or help complete tasks that additional carers would be expected to do.
- The care partner is being implemented for one-to-one to focus on the behaviours of the person. Other carers are still encouraged to conduct normal activity and engagements with the person whilst the initial care partner is present.