11th UK Dementia Congress

1-3 November 2016 • The Brighton Centre

OFFICIAL PROGRAMME
Four Seasons Health Care

Introducing a fundamentally different approach to dementia care.

Using pioneering technology, we are leading the way forward in how dementia care is delivered.

“The Dementia Care Framework heralds a shift from person-centred care to care based on the individual experience.”

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Four Seasons Health Care
Consistently delivering Special Resident Experiences
Welcome to the 11th UK Dementia Congress

It is my great pleasure, on behalf of the Journal of Dementia Care, our Congress Planning Committee and all our sponsors to offer you a warm welcome to our 11th annual Congress. This year, for the first time, there will be a dedicated stream “Dementia Care in Acute Hospitals” for Dementia Leads, with the exciting proposal of a National Dementia Leads Network. Another first this year will see the Congress Exhibition open its doors to the general public. We believe the many important services and products displayed in the exhibition add significantly to the value of the Congress and we are delighted that members of the public, people with dementia and carers will have free entry at certain times. We have organised a lively and stimulating programme for you with plenty of opportunity to get involved and have your say. Our debates have become well known for getting us off to a thought-provoking start and this year we are looking to the future. We hope the topic ‘Should we welcome a future of robots, avatars and digital technology in dementia care?’ will stimulate a dynamic exchange of opinions. The following two days packed full of plenaries, parallel sessions and early bird sessions (see pages 4-7) offer an extensive selection of topics and speakers, with opportunities both to hear from experts and to take part in interactive workshops. A large and lively exhibition, poster presentations and time to network and socialise with like-minded colleagues complete the unique and positive experience Congress offers. And, to top it all, there is the fantastic National Dementia Care Awards on Thursday evening.

As the event organiser, the Journal is indebted to a great number of people and organisations. A big thank you to the Congress Planning Committee (see page 8) who helped shape the event and selected such a comprehensive range of topics and speakers. We greatly appreciate the generous support of all our sponsors and partners. It is their sustained commitment and enthusiasm for achieving the highest levels in dementia care that helps make possible this annual UK-wide opportunity to get together and learn from each other. We are also extremely grateful to all our supporting organisations and exhibitors who add so much to the event. In particular I would like to thank Barchester Healthcare, Four Seasons Health Care, the University of Bradford and the Alzheimer’s Society for their magnificent support.

We wish you all a very enjoyable and inspiring Congress. By contributing and taking back to your workplace what you learn here in Brighton, you can make a real difference to the quality of life of the people you support.

Dr Richard Hawkins MBBS FRCS, Editor-in-Chief, Journal of Dementia Care

TUESDAY 1 NOVEMBER

16:45-17:55  Conference registration and exhibition viewing

MAIN HALL

18:00-18:20  Welcome and introduction

Dr Richard Hawkins, Editor in Chief of the Journal of Dementia Care and Director of Hawk Events.

Plus: Students from the University of Bradford, Claire Holliday and Roslynn Azzam

18:20-19:30  Open Debate

The motion: Should we welcome a future of robots, avatars and digital technology in dementia care?

Presentation by Dr Chris Pickford, Research Assistant in Digital and Robotic Technologies for Dementia, University of Salford. Followed by panel and audience contributions. A vote will be taken before the session and at the end. Chair: Professor Graham Stokes, Global Director of Dementia Care, Bupa

Panel to include: Joy Watson, Arlene Astell

We warmly welcome your contributions to this debate.

19:30-20:15  Congress drinks reception in the main exhibition area – all welcome.

CONGRESS SUMMARY

Tuesday 1 November (More details below left)

16:45-17:55  Registration
18:00-18:20  Welcome and introduction
18:20-19:30  Congress debate
19:30-20:15  Congress drinks reception

Wednesday 2 November (Full details: pp4-5)

08:00-09:25  Registration
08:30-09:15  Early bird sessions
09:40-11:30  Plenary session
11:30-12:00  Refreshments & exhibition
12:00-13:10  Parallel sessions
13:10-14:10  Lunch, posters & exhibition
14:10-15:00  Plenary session: keynote
15:10-16:20  Parallel sessions
16:20-16:50  Refreshments & exhibition
16:50-18:00  Parallel sessions
18:00-20:00  Congress drinks reception

Thursday 3 November (Full details: pp6-7)

08:00-09:10  Registration
08:30-09:00  Early bird sessions
09:15-10:25  Parallel sessions
10:25-11:00  Refreshments & exhibition
11:00-12:05  Parallel sessions
12:15-13:00  Plenary session: keynote
13:00-14:00  Lunch, posters & exhibition
14:00-14:50  Plenary session: keynote
15:00-16:10  Parallel sessions
16:10  Close

PROGRAMME CONTENTS

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Download the UKDC app!

Features of this app (for iOS and Android devices, called UKDC 2016 available from Google Play Store for Android and App Store for iPhones and iPads) will allow you to vote during the opening debate using keypad voting, a chat function to keep in touch with others at the congress also using the app, plan your schedule for each day along with details of the venue, poster presenters, exhibition and connect to Twitter. The app is free to download and is designed to enhance your experience of this year’s Congress.

Search your app store for UKDC 2016 now
08:00-09:25 CONFERENCE REGISTRATION

08:30-09:15 EARLY BIRD SESSIONS:

**EB1.1 [MMR]** Pain assessment and management in dementia
Lesley Jones & Lucy Lewis, Greater Manchester West Mental Health NHS FT; Brief review of the relationship between oral health and dementia with best practice tips
Dr Amanda Thompsell, South London and Maudsley NHS FT. Chair: Rachel Thompson

**EB1.2 [MR A]** Using biographical films in dementia care
Jörg Roth, My Life Films; Dance for Life: evaluation of a professional dance intervention for care home residents with dementia
Edana Minghella, independent consultant & Barbara Stephens, Dementia Pathfinders CIC. Chair: Hilary Woodhead

**EB1.3 [Rm 15]** “Why don’t we go into the garden?” Workshop focusing on care culture to help explain current engagement levels for residents with their outside spaces
Debbie Carroll & Mark Rendell, Step Change Design Ltd

**EB1.4 [Rm 8]** Moving on from person-centred care planning to enriched care reporting – providing the evidence
COC inspectors are looking for
Jackie Pool, Affinity Training Ltd

**EB1.5 [MR B]** Sounds Alive! Creating music in the moment
Malcolm Burgin, Alive! Activities

**EB1.6 [Rm 6]** Assessing mental capacity – who decides?
Sara Wilcox, Pathways Through Dementia. Chair: Isabelle Latham

09:40-11:30 MAIN HALL [AUD 1]

PLENARY SESSION:
Chair: Jeremy Hughes, Chief Executive, Alzheimer’s Society

Keynote Speakers:
- People with dementia and carers from DEEP (Dementia Engagement and Empowerment Project) groups and tide – together in dementia everyday
- Professor Sube Banerjee, Professor of Dementia and Associate Dean at Brighton and Sussex Medical School, and Director of its Centre for Dementia Studies
- David Mowat MP, Parliamentary Under Secretary of State for Care

11:30-12:00 REFRESHMENTS & EXHIBITION VIEWING

12:00-13:10 PARALLEL SESSIONS 1:

1.1 [Aud 1] STAFF DEVELOPMENT IN CARE HOMES
Chair: Professor Anthea Innes
The What Works? study 1: What does existing research tell us about effective dementia training and education design and delivery?
Professor Claire Surr & Cara Gates, Leeds Beckett University
The What Works? study 2: assessing the extent and quality of dementia education and training in England
Sarah Smith, University of Bradford
Revitalising a dementia qualification for care staff
Jill Conroy, The Fremantle Trust
Closing the gap: Training, care practice and organisational policy
Michal Herz & Isabelle Latham, University of Worcester

1.2 [Aud 2] CARERS AND FAMILIES
Chair: Lyne Phar
Investigating the effectiveness of a Cognitive Behavioural Therapy group for carers of people with dementia
Jane Fossey & Alice Coates, Oxford Health NHS Foundation Trust
Creative community practice project, to increase family care-givers’ sense of well-being and self-efficacy, in caring for relatives with dementia
Karrie Marshall, Creativity In Care
‘Time to think about you’. Prompting carers of people with dementia to think about and prioritise their own health
Catherine Gamble & Nwakuru Nwaoqwuguw, Health Innovation Network

1.3 [MR A] CARE HOMES – RECOGNISING DEMENTIA
Chair: Professor David Jolley
Dementia awareness training in care homes using ‘Barbara’s Story’ improves workforce confidence in delivering care
Amanda Buttery, Health Innovation Network
DeAR-GP: dementia assessment referral to GP and User Guide: Dementia case finding in care homes
Aileen Jackson & Rebecca Jarvis, Health Innovation Network
Caring for people with dementia with Lewy bodies and Parkinson’s dementia in UK care homes
Cecilia Yardley, Parkinson’s UK

1.4 [MMR] PREVENTING HOSPITAL ADMISSIONS
Bradford University symposium: Reducing avoidable hospitalisations from care homes. This symposium will describe an NIHR-funded programme grant investigating early detection and management of health changes in care homes. The symposium will be chaired by Professor Murna Downs (University of Bradford). Individual talks will focus on how the input of family carers has shaped the programme (Barbara Woodward-Carlton, PPI); our approach to implementation (Professor Katherine Froggatt, Lancaster University) and developments on our feasibility study (Alex Feast, University College London).

1.5 [Rm 15] YOUNG DEMENTIA
Chair: Buzz Loveday
Celebrate & Educate, being informed, being inspired – Anna Eden, Young Dementia with Jo Bennett and Claire White from the EDUCATE group, Stockport
Involving individuals diagnosed with young onset dementia as PPI representatives: an interesting journey
Elspeth Mathie & Andrea Mayrhofer, University of Hertfordshire
The Grub Club - Developing an Early Onset Dementia Dining Club
Gillian Drummond & Catherine Riley, Greater Manchester West Mental Health NHS Foundation Trust
Developing a live-in care service for people living with young onset dementia
Zoe Elkins & Emma Sadler, The Good Care Group

1.6 [Rm 8] SYMPOSIUM: LGBT ISSUES IN DEMENTIA CARE
Chair: Professor David Jolley
Nobody’s business is everybody’s excuse – feeling safe to be yourself. Positively supporting people living with a dementia who are Lesbian, Gay, Bisexual & Trans:
Workshop participants will be invited to explore the issues for older LGBT people living with dementia through their own practice environments. Workshop and discussion led by presentations from Trish Hafford-Letchfield, Middlesex University, Neil Chick, London Borough of Islington and Sally Knocker, Dementia Care Matters (chair)

1.7 [MR B] WORKSHOP: INVOLVEMENT
Chair: Professor Arlene Astell
What does living with dementia mean? Learning from people with dementia and carers through the IDEAL study
Nada Savitch, Innovations in Dementia, Keith Oliver and other members of the ALWAYS group

13:10-14:10 LUNCH, POSTER & EXHIBITION VIEWING

14:10-15:00 MAIN HALL
PLENARY SESSION [AUD 1]
Chair: Professor Murna Downs
The Tom Kitwood Memorial Address: Innovating in long-term care: the triumphs and challenges of trying to change practice
Professor Arlene Astell, Ontario Shores Research Chair in Dementia, University of Toronto, Canada and Professor of Health Services Research in the Centre for Assistive Technology and Connected Healthcare (CATCH), University of Sheffield, UK
Wednesday 2 November programme

15:10-16:20 PARALLEL SESSIONS 2:

2.1 [Aud 1] CULTURE CHANGE IN CARE HOMES
Households Matter: The Butterfly Household Model of Care – operational implications and international comparisons
David Sheard, Dementia Care Matters
Lessons in implementation from the UK, Ireland, Canada and Australia will be presented, including one care home’s experience showing that speed and decisiveness really count. Speakers will include Peter Friednieks & Gwen Coleman, Dementia Care Matters

2.2 [MR A] TECHNOLOGY AND THE ARTS IN DEMENTIA CARE
Chair: Kathryn Gilfoy
Musical pictures – can they benefit residents who are distressed? Claire Peart, Barchester Healthcare
We all have a voice and all our experiences count: Talking mats, integrating visual story telling
James Munro, Patient Opinion
Tangible Memories: a story creator for people living with dementia
Gill Roberts, Alive! Activities
AcTo Dementia: Identifying accessible touchscreen apps for people living with dementia
Phil Joddrell, PhD Student, University of Sheffield

2.3 [Rm 15] SYMPOSIUM
Inclusion and diversity: working with BAME communities in Liverpool to reduce stigma and isolation
Ruth Eley, Life Story Network, Adedoyin (Dee) Abimbola, Merseycare NHS Trust; Rita Lee & Di Burbidge, Chinese Well-Being

2.4 [Aud 2] ACTIVITIES IN CARE HOMES
Chair: Pam Schwetzler
Reflecting on the first year of Outstanding Activities: equipping ‘Activities’ Leaders to be key drivers for a creative culture in dementia care
Jude Sweeting & Ben Neale, Ladder to the Moon
The effectiveness of training staff to use The Daily Sparkle’s reminisce newspaper and resources to improve engagement and occupation for care home residents
Suzanne Munford, Care Prepared, Rachel Mortimer, Engage & Create
Positive connections: the Fidget Widget Toolkit – collaborative design and evaluation of an intervention for people in later stage dementia
Judith Bower, Alzheimer’s Society & Jane Soutoay, University of Central Lancashire

2.6 [MMR] TRANSITIONS IN DEMENTIA CARE - BRADFORD UNIVERSITY WORKSHOP
Transitions between care settings pose risks to continuity and safety of care for people with dementia, who often have co-existing health conditions and multiple medicines. This workshop will focus on continuity of care and the safe use of medicines at points of transitions between hospitals, care homes, and ‘own home’. Led by the University of Bradford’s Professor of Pharmacy, Alison Blenkinsopp, with doctoral students Courtney Shaw, Suzanne Hill and Paul Dourandish

16:20-16:50 REFRESHMENTS & EXHIBITION VIEWING

16:50-18:00 PARALLEL SESSIONS 3:

3.1 [Aud 1] DESIGN AND ENVIRONMENT
Chair: Buzz Loveday
Evaluation of a programme of dementia-friendly environmental improvements in health and social care settings across Oxfordshire
Jane Fossey, Oxford Health NHS FT & Margaret Giogoswka, University of Oxford
Quality of interior engagement in care home matters
David Sheard, Dementia Care Matters
How are the most healthy care environments designed? Travelling the world in search of answers
William McMorran & Roland McMorran, Architectonicus

3.2 [MR A] ADVANCED DEMENTIA/CARE AT END OF LIFE
Chair: Rachel Thompson
The development of heuristics (rules of thumb) to help aid practitioners make difficult decisions at the end of life for people with dementia
Nathan Davies, University College London
Dementia Palliare: a new positive practice approach to advanced dementia care
Louise Ritchie, University of the West of Scotland
Dementia Friendly Hospices: Embedding a sustainable model to develop skills, knowledge and confidence of hospice staff across Yorkshire and the Humber
St Gemma’s Hospice

3.3 [Rm 15] LIFE STORY WORK
Life Story Work in dementia care: Good practice and getting involved
Kate Gridley, University of York
Seldom heard stories in life story work
Nada Savitch and Jean Tottie, Life Story Network

3.4 [Aud 2] PRIMARY CARE
Chair: Dr Amanda Thompson
The Dementia ‘Golden Ticket’ – an emerging new model of care
Dr Emma Costello & Kim Grosovenor, NHS High Weald Lewes Havens Clinical Commissioning Group
Supporting your service to be dementia aware – a report on the delivery of tier one training to primary care workers
Jan Leeks, University of Hertfordshire
It’s not just about missing that appointment! How people living with dementia are changing primary care services
Tanya Clover, Clover Care Consultants & Chris Ryan, Forget Me Nots

3.5 [MMR] PEER SUPPORT
Chair: John Killlack
Dementia Conversations: directions from a people’s perspective
Barbara Stephens, Dementia Pathfinders & Professor David Jolley, University of Manchester
The Healthy Living Club, Stockwell, London
Alise Kirtley, independent consultant & Simona Florio, University of Manchester
St Gemma’s Hospice

3.6 [Rm 15] THE EXPERIENCE OF DEMENTIA IN CARE HOMES
Chair: Jude Sweeting
A psychosocial study of the care relationship in residential care homes for people with dementia
Esther Ramsay-Jones, Open University
A novel approach to supporting teams to develop a meaningful understanding of the experience of living with dementia
Claire Royston, Four Seasons Health Care
Care Experience training
Phil Harper & Deena Heaney, Barchester Healthcare

3.7 [MR B] WORKSHOP
Different realities and beliefs in dementia – whose truth is it anyway?
Toby Williamson, Mental Health Foundation & Roberta Caiazza, Northumberland Tyne & Wear NHS Trust

18:00 CONGRESS DRINKS RECEIPTION - ALL WELCOME Sponsored by Four Seasons Health Care

KEY TO ROOMS:
Aud 1 – Auditorium 1 (1st floor)
Aud 2 – Auditorium 2 (1st floor)
MR A – Meeting Room A (Ground floor)
MR B – Meeting Room B (Ground floor)
Rm 15 – Room 15 (3rd floor)
Rm 8 – Room 8 (3rd floor)
Rm 6 – Room 6 (3rd floor)
MR M – Mass Media Room (3rd floor)
Thursday 3 November programme

08:00-09:10 CONFERENCE REGISTRATION

08:30-09:00 EARLY BIRD SESSIONS:

EB2.1 [MR A] Practical ideas for preventing falls in people with dementia living in care homes Julie Whitney, National Health Research Institute & Amanda Buttery, Health Innovation Network

EB2.2 [MR R] Motivating residents in care to participate in activities Craig Stevens, Aliev! Activities

EB2.3 [Rm 15] Management of faecal incontinence in people with advanced dementia resident in care homes (the FINCH study) Bridget Russell, University of Hertfordshire

EB2.4 [Rm 8] Understanding and assessing ‘community engagement’ for people affected by dementia Marina Buswell, University of Hertfordshire Chair: Maria Parsons

EB2.5 [MR B] Dance: a non-verbal approach to dance activities with people with dementia Diane Amans, independent dance artist/trainer

09:15-10:25 PARALLEL SESSIONS 4:

4.1 [Aud 1] CARE HOMES – BEHAVIOUR THAT CHALLENGES Chair: Dr Nori Graham
De-escalation skills for behaviours that challenge Ian James & Roberta Caiazzi, Northumberland Tyne & Wear NHS Trust
Severe Behaviour Response Teams: addressing the needs of people with very severe and extreme behavioural and psychological symptoms of dementia Professor Colm Cunningham, HammondCare, Australia

WHELD: an overview of a completed NIHR study Jane Fossey, Oxford Health NHS Foundation Trust & Professor Clive Ballard, King’s College London

4.2 [Rm 8] HUMAN RIGHTS & DEMENTIA Sarah Butchard, Mersey Care NHS Trust, Philly Hare, Innovations in Dementia, Toby Williamson, Mental Health Foundation, with Keith Oliver, Tommy Dunne, Larry Gardiner & Nigel Hullah

4.3 [Rm 6] PERSON-CENTRED POST DIAGNOSIS SUPPORT Chair: Gavin Terry, Policy Manager, Alzheimer’s Society
What we mean by high quality, effective person-centred care for people with dementia Paul Dunney, Alzheimer’s Society; Working on the front-line, Kate Fincham, Dementia Adviser; Keeping people connected through volunteering (Side by Side) Clive Joyce, volunteer

4.4 [MMR] DEMENTIA FRIENDLY COMMUNITIES Chair: Susanna Howard
Dementia friendly faith communities Mary Marshall & Jenny Henderson, Faith in Older People
Co-producing The Good Life Festival (Alzheimer’s Society/ Salford University) Beth Luxmoore & Lesley Calvert
Building Dementia Friendly Communities from the Pavement Up: A Community Psychology Approach Sue Northrop, Dementia Friendly East Lothian

4.5 [MR A] BAME COMMUNITIES Chair: Sian Jones
Dementia within BAME Communities – Ripaljeet Kaur, BAME Dementia Worker, Touchstone
Listening to it as it is … listening to the voices of BME communities to shape memory services – the benefits, challenges and the learning Polly Kaiser, Pennine Care Foundation Trust & Najma Khalid, Community Development Consultant
A Call to Action on improving dementia information and services for UK Black, Asian and minority ethnic communities David Truswell, Alliance for Race Against Dementia
Successful partnership with the South Asian community Phil Benson, Community Integrated Care & Zaffer Khan, One Voice Blackburn

4.6 [MR B] WORKSHOP
Sexual expression in care homes: In our desire to care are we missing things? Lynne Phair, independent consultant nurse and expert witness; Hazel Heath, independent nurse consultant; Dawne Garrett, professional adviser; Older People and Dementia, Royal College of Nursing; Victoria Butler-Cole, barrister

10:25-11:00 REFRESHMENTS & EXHIBITION VIEWING

11:00-12:05 PARALLEL SESSIONS 5:

5.1 [Aud 1] QUESTION TIME PANEL Chair: Dr Nori Graham
Panel to include: Professor Arlene Astell; Professor Colm Cunningham, Alison Murray (CQC), John Killick

5.2 [MR A] OUTDOOR ACTIVITIES Chair: Barbara Stephens
The Breath of Fresh Air (BOFA) programme – a pilot evaluation of the physical and psychological benefits of engaging people with dementia to engage in outdoor activities April Dobson, The Abbeyfield Society
Positive Spin: enabling people with dementia and their families to cycle Clare Morris & David Dansky, Cycle Training UK
Horse play Val Taylor & Tracy Moran, Appletrees Care & Reablement Centre, OSJCT

5.3 [Rm 15] SYMPOSIUM – INVOLVEMENT
Shifting the balance of power – turning engagement into involvement for people with dementia and family carers Anna Gaughan & Jean Tottie, Life Story Network; Ruth Eley, Flynn & Eley Associates Ltd Uniting people living with and working within young onset dementia to influence and champion better services Sarah Plummer, YoungDementia UK

5.4 [MMR] QUALITY OF LIFE IN CARE Chair: Hazel Heath
A service evaluation of Teepa Snow’s positive physical approach training – Suzanne Mumford, Care Prepared & Rachel Mortimer, Engage and Create
Pathways and outcomes for patients with dementia in a low secure setting Lisa Potter, Victoria Smith & Lisa Taylor, Partnerships in Care

5.5 [Rm 6] PEOPLE WITH DEMENTIA HAVE RIGHTS TOO Chair: Vivienne Francis, Alzheimer’s Society
Where next for dementia rights in England? The Scottish Charter of Rights Owen Miller, Alzheimer’s Society; What laws are there already for people with dementia? Sam Cox, Alzheimer’s Society; The ‘I’ statements Martina Kane, Alzheimer’s Society. Plus discussion: What might work in England?
Thursday 3 November programme

THE 7TH NATIONAL DEMENTIA CARE AWARDS WILL TAKE PLACE AT THE BRIGHTON CENTRE ON THE EVENING OF 3 NOVEMBER. CONGRATULATIONS TO ALL OUR FINALISTS. SEE P17 FOR MORE DETAILS.

15:00-16:10 PARALLEL SESSIONS 6:

6.1 [MMR] ARTS/DEMENTIA FRIENDLY COMMUNITIES
Chair: Susanna Howard
The Yellow Bridge Project – support through live music John Killick, poet, author and dementia consultant & Linda O’Sullivan, The Yellow Bridge Project
Dementia Friendly Film Club project – Keith Oliver, Alzheimer's Society/KMPT & Liz Jennings, supported by Nada Savitch (DEEP)
Music for the moment Kathryn Gilfoy & Julian West, Westminster Arts

6.2 [Rm B] RAISING AWARENESS IN YOUNG PEOPLE
The workshop will focus on Dementia Detectives which is currently being delivered to young people in secondary schools and the University of Bradford. Attendees will be involved in considering key messages and effective approaches for raising awareness among young people. The workshop will be led by Sahdia Parveen, University of Bradford

6.3 [M A] MEALTIMES IN CARE HOMES
Chair: Lucy Whitman
The impact of a positive dining environment on nutritional intake and reduced weight loss for residents with a diagnosis of dementia Helen Green & Caroline Bevan, Baglan Lodge Care Home
Getting the best out of the mealtime experience in care homes Suzy Webster, My Home Life Cymru and Helen Bevan, Baglan Lodge Care Home
It’s all about the food, not the fork! Peter Morgan-Jones, Chef, HammondCare, Australia

6.4 [Rm B] CARE HOMES – IN-REACH AND SUPPORT
Chair: Dawne Garrett
An evaluation of the experiences of staff and stakeholders working with an integrated Care Home Support Service (CHSS) Alice Coates & Antoinette Broad, Oxford Health NHS Foundation Trust
“You're not family, so we can’t tell you”: Are care home managers the unsupported and unrecognised link in the chain of care for people with dementia? Dr Karen Franks & Dr Catherine Andrews, Gateshead Health NHS Foundation Trust
The care home is our client Jan Deacey & Rachel Jeacock, Sussex Partnership NHS FT
Top tips for effective engagement with the care home sector Aileen Jackson & Polly Sinclair, Health Innovation Network

6.5 [Rm 15] CARE HOMES – COMMUNITY CONNECTIONS
Chair: Emma Hewat
Creating intergenerational community connections Simon Bernstein, Alivel Activities
“Tetley’s Adventures” - an intergenerational arts project for people living with dementia and early years children Rhiannon Lane, Bright Shadow and Trish Hafford-Letchfield, Middlesbrough University

6.6 [Rm B] WORKSHOP
Removing uniforms in dementia care - the debate matters Sally Knocker, Dementia Care Matters; with contributions from Hazel Greenway, The Freemantle Trust & Annette Ayles, The Orders of St John Care Trust – discussion to include experiences of staff wearing pyjamas at night

16:10 CLOSE

www.careinfo.org/ukdc-2016
# ADDED ATTRACTIONS AT CONGRESS

## EVERY DAY

**MINDFULNESS SPACE** *(RESTAURANT, 3RD FLOOR)*
*MINDFUL LIVING, MINDFUL CARING* Please come and join us during the congress for safe space to contemplate and connect. Learning to quieten our minds and be in the moment helps us to be resilient and resourceful. The sessions will be hosted by Julia Patton and facilitated by Andy Bradley, Frameworks 4 Change.

**ARTS & ACTIVITIES** *(EXHIBITION AREA)*
Westminster Arts: Snapshots
Kathryn Gilfoy and Lucy Warren from Westminster Arts display the work of artist Sarah Gudgin, who visited the homes of people who had been involved in a reminiscence arts project to capture their responses to the project and the resulting artwork.

**MINDFUL LIVING, MINDFUL CARING**
On behalf of Nightingale House
Art facilitator Emily Hall will be promoting the importance of creative engagement through a series of drawings and pottery created by the residents from Nightingale House in Clapham where she has taught since 2011.

## TUESDAY 1 NOVEMBER

**19:30-20:15 DRINKS RECEPTION**
All welcome – in the exhibition hall.

## WEDNESDAY 2 NOVEMBER

**13:40 NEW BOOKLET LAUNCH** *(EXHIBITION AREA)*
Making an Impact Together: Sharing the learning on dementia activism from and across the DEEP network. Published by Innovations in Dementia in collaboration with E-CRED (The University of Edinburgh).

**18:15 BOOK LAUNCH & SIGNING** *(EXHIBITION AREA)*

## THURSDAY 3 NOVEMBER

**SPECIAL STREAM** Dementia Care in Acute Hospitals – see pp6-7.

**09:15-10:25 SATELLITE SYMPOSIUM** *(RM 15)*
The Dementia Care Framework – delivering care based on the individual experience
Four Seasons Health Care Satellite Symposium

**SIDE-BY-SIDE BIKE** *(EXHIBITION AREA)*
A chance to ride this two-seater cycle where people sit one beside the other. One person steers, both can pedal or the passenger can freewheel. A social experience for riders and always puts a smile on everyone's face, encouraging conversation and reminiscence. Clare Morris will talk about it in Session 5.2 [MR A].

**Living Words**
Living Words is a pioneering charity with a solid arts-based methodology that runs residencies in care homes. Writers work one-to-one with people experiencing dementia and run staff communication training sessions. Susanna Howard is its Artistic Director.

**Table tennis: The World’s Number One Brain Sport?**
Neuroscientists in Japan and the US have correlated a link between table tennis and Alzheimer’s. As an effective exercise intervention in delaying symptom onset and reducing cognitive decline. The Bounce Alzheimer’s Therapy (BAT) Foundation, in collaboration with Kings College London and the University of Stirling, is bringing this initiative to the UK. Ian Craighton-Chambers demonstrates.

## POSTER PRESENTATIONS
Important and innovative projects and services are featured in our poster display, in the exhibition area.

**18:00-20:00 DRINKS RECEPTION**
All welcome – in the exhibition hall.

**18:30-19:00 MUSICAL SOUNDSCAPES** *(MR B - GROUND FLOOR)*
An interactive workshop to encourage free expression and playfulness, using musical and vocal tools and techniques with proven therapeutic benefits for people living with dementia. Explore, enjoy, be moved (no experience necessary).

With Gill Roberts and Craig Stevens of Alive! Activities, in Meeting Room B, just off the exhibition hall.

**13:00-14:00 FILM SHOWING** *(MR B)*
Using film to raise awareness of dementia in health and social care
Films can inform, inspire, engage and educate. Jan Zietara introduces Health Education England’s new dementia awareness films ‘Finding Patience’ and ‘Finding Patience; the later Years’ and highlights how they can help staff provide better high quality person centred care.

We warmly welcome people living with dementia and their carers to this Congress
We very much appreciate the contribution you bring to the whole event, and will do our best to ensure you spend an enjoyable and rewarding few days with us. Please feel free to ask our staff for help or guidance at any time. There is a quiet area with soft seating reserved for you, on the first floor next to Auditorium 2. Staff will direct you, and there will be signage to Quiet Room (2Bar). If you would like us to reserve a place for you in any parallel session, please let us know (we are also happy to reserve places for any other delegates who may be less mobile).

With thanks to... The 11th UK Dementia Congress has been planned in consultation with a group of advisers including: Professor Dawn Brooker, University of Worcester; Professor Murna Downs, University of Bradford; Dr Nori Graham, Care UK; Hazel Heath, JDC Consultant Editor; Professor Steve Iliffe, University College London; the Alzheimer’s Society; Professor Jill Manthorpe, King’s College London; Lynne Phair, independent consultant nurse and expert witness; Nada Savitch & Rachael Litherland, Innovations in Dementia; Graham Stokes, Bupa Care Homes; Claire Surr, Leeds Beckett University; Jade Sweeting, Ladder to the Moon; Rachel Thompson, Dementia UK; Professor Bob Woods, University of Bangor. Toby Williamson, MHF.
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Active Minds

**ACTIVE MINDS**
Active Minds are the UK's leading developer of specialist activity products for individuals living with dementia. The products are evidence-based and created in partnership with professional care settings where they are tested alongside people with dementia and their carers. In 2015 Active Minds were awarded ‘Outstanding Dementia Care Product’ at the National Dementia Care Awards for the Complete Kit. To date, the products have reached over 100,000 people living with dementia.

Alzheimer’s Society

**ALZHEIMER’S SOCIETY**
Alzheimer’s Society is the UK’s leading support and research charity for people with dementia, their families and carers. We provide information and support services for people with any type of dementia and we fund innovative research in the areas of cause, cure, care and prevention. We also support health and social care professionals by delivering high-quality education, resources and training.

Barchester Healthcare

**BARCHESTER HEALTHCARE**
Barchester Healthcare In Barchester’s Memory Lane Communities we support residents living with dementia to continue with their lives as independently as possible by working alongside them rather than for them. Having recently introduced our new 10-60-06 programme aimed at enhancing dementia care, Memory Lane staff are focused on reducing any possible distress and improving individual and collective well-being within a community environment – all achieved through a series of training and innovative approaches.

Clairmont

**CLAIRMONT**
Clairmont has had over 10 years experience in supporting people living with dementia. We have a range of clocks to orientate the user with daytime and night time. Our ‘Round Clock’ won a design award awarded by Stirling University. We have signage, boards and other specialised products have been designed and redesigned from user feedback and in line with current research/best practice guides. Our products are manufactured in house to suit your requirements.

BRAINS IN ACTION

**BRAINS IN ACTION**
We are aiming to change the culture of activities for the elderly through sharing our knowledge, coming from our 20 years of experience in designing cognitive training programs and testing their effectiveness. Thousands of clients have entrusted us to provide our services to their residents or their loved ones. According to their feedback and our findings, BRINA can help you in three axis: 1) Business: improve CQC ratings, promote innovation, save money on Care staff, and significantly increase your turnover. 2) Residents: help preventing dementia, delaying the progress of it, reducing behavioural symptoms: aggression, depression, anxiety. 3) Carers: Facilitate personal care, receive up to date training, receive information about latest research facts, reduce the workload and burnout, thus increasing job satisfaction. Happy employees means more proactive employees. Thousands of clients have entrusted us to provide our services to their residents and their loved ones.

Community Integrated Care

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19 April 2017

in association with Scottish Care, Alzheimer Scotland and the Alzheimer Scotland Centre for Dementia Policy and Practice, University of the West of Scotland. The focus will be issues affecting long term care and dementia care in Scotland. We welcome proposals for presentations; please send these by 5 December 2016 to Theresa Ellmers (theresa@hawkerpublications.com) or contact Sue Benson, 020 7720 2108 ext 206 to discuss ideas.

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Dementia UK offers specialist one-to-one support and expert advice for people living with dementia through our world-class Admiral Nurses. We work hand in hand with families, helping them cope with the fear, uncertainty and difficult everyday reality of dementia. In providing the compassionate, expert support families need every step of the way, we help them to live more positively with dementia in the present; and to face the challenges of tomorrow with more confidence and less fear.

DAILY SPARKLE
The Daily Sparkle is a reminiscence newspaper, published 365 days a year, which offers an ever-changing range of nostalgia topics and activities, targeted at the elderly and those with dementia. The Daily Sparkle has helped care homes, hospitals and day centres deliver meaningful activities sessions while developing a whole home approach and encouraging residents to talk and share their memories. With a readership of over 100,000, The Daily Sparkle has changed the lives of thousands of people living with dementia.

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Dementia Pathfinders Community Interest Company is a social enterprise delivering education and learning for people working in the dementia care field and providing therapeutic care and support for people with dementia and their families. Dementia Pathfinders works in collaboration with the Royal College of General Practitioners to host the Dementia Roadmap for England http://dementiaroadmap.info/ and for Wales http://wales.dementiaroadmap.info/

HAMMONDCARE
The Dementia Centre, HammondCare is a global team of over 150 research, education and consultancy professionals prioritising the translation of current knowledge into accessible guidance, publications and tools to improve practice. The Centre’s priorities are building design, life engagement, models of care, understanding behaviour and end of life care.
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HAWKER PUBLICATIONS
Publishers of Caring Times, Journal of Dementia Care (JDC) and dementia books, as well as organisers of many care and dementia conferences and events across the UK, including the National Care Awards and National Dementia Care Awards – see www.careinfo.org. Launched at the 10th UK Dementia Congress is the new JDC website www.journalofdementiacare.co.uk which offers three levels of member subscriptions designed to meet the needs of everybody working in dementia care. Please visit the Hawker stand.

MAKING SPACE
Making Space are a national registered charity and leading provider of adult health and social care services. We have been helping adults with care and support needs, and their carers, to lead independent and fulfilling lives for more than 30 years. Our high quality, person-centred services and accommodation support adults of all ages with a diverse range of needs, including:
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Jessica Kingsley Publishers is a wholly independent company, committed to publishing books that make a difference. The company was founded in 1987 in London by Jessica Kingsley and in 2004 we opened our US office, in Philadelphia. We are well known for our long established lists on the autism spectrum, social work, and arts therapies. More recently we have published extensively in the fields of mental health, counselling, palliative care, dementia and practical theology. We have a range of graphic novels across these subject areas, and books for children, on issues including bereavement, depression and anger. We’re launching a new gender diversity list in January 2017.

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Lewy Body Society (LBS) registered charity 1114579, established in 2006, is the only registered charity in Europe which is exclusively concerned with dementia with Lewy bodies (DLB). The charity’s mission is to raise awareness of DLB amongst the general public and educate those in the medical profession and decision making positions about all aspects of the disease as well as to support and fund research into the disease.

REMPODS
RemPods transform clinical environments into therapeutic and reminiscent spaces, helping to improve the quality of life for people living with dementia. Working within NHS Trusts and care organisations RemPods are dedicated to creating social areas that can relieve boredom and depression, allow interaction, increase nutrition and improve mental wellbeing. www.rempods.co.uk
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Salford Institute for Dementia
Salford Institute for Dementia are an internationally unique cluster of professions and disciplines at the University of Salford are being brought to bear on the challenge of enabling positive and supportive environments for people living with dementia and for their carers, including: the built environment; robotics, virtual reality, health and digital technologies; arts music and design; health and social care professions; social sciences.

University of Bradford
The School of Dementia Studies at the University of Bradford promotes excellence in dementia research, education, training and practice development. Our mission is to enhance the lives of people with dementia and their families and to support the practitioners who care for them. In 2016 the University was awarded a Queen’s Anniversary Prize for Higher and Further Education in recognition of this work.

SCIE
SCIE is a leading improvement support agency working with adults’, families’ and children’s care and support services across the UK. We offer information, guidance, videos, eLearning and accredited dementia awareness training for anyone supporting people with dementia. Two new sections on our website raise awareness of how you can support LGBT and BME people living with dementia. Visit us at the SCIE stand at the Dementia Congress. www.scie.org.uk/dementia

Sussex Healthcare
Sussex Healthcare offers specialist nursing and residential care for people with long term health needs. Since 1985, the group have operated independent care homes and support services for adults with physical and/or learning difficulties, Autism including Acquired Brain Injury and neurological conditions as well as care for older people with dementia and/or Alzheimer’s. All of the specialist care homes provide nursing and social care in a safe, comfortable home away from home environment. Sussex Healthcare are passionate about the service they provide, and believe its paramount importance that the focus be very much on a person-centred, holistic approach to care and that the health and well-being of the service users is of priority.

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CONGRATULATIONS TO ALL OUR FINALISTS

From everyone at the UK Dementia Congress we would like to offer huge congratulations to all of the outstanding finalists for the 7th National Dementia Care Awards.

The standard of nominations this year was genuinely exceptional and each finalist should feel extremely proud of their achievement at having been short-listed.

We would also like to thank everyone who has entered and put forward their truly deserving colleagues for this year’s awards.

We look forward to celebrating with every one of you.

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#dementiacareawards
ADEDOYIN ABIMBOLA
Dementia Action Alliance
Dee has a PhD in women's spirituality and is passionate about exploring the inherent strengths within diverse communities to provide workable solutions to health related issues. Her work with the NHS involves addressing inequalities in healthcare for BAME populations. As the Community Development lead for older people and co-chair of the DAA Diversity subgroup she is dedicated to promoting knowledge about dementia and social inclusion for older people and tackling abuse.

DIANE AMANS
Independent Dance Artist and Training Consultant
Diane is a dance artist, lecturer and consultant offering professional development, evaluation and mentoring. Diane is one of the leading practitioners in community dance and her textbooks An Introduction to Community Dance Practice and Age and Dancing: Older People and Community Dance are set books on undergraduate community dance programmes in the UK and abroad. Her career has included working in education, managing dance projects in diverse community settings and training staff in arts, health and social care. Diane is a 2014 Winston Churchill Fellow and has worked with community dance practitioners in Europe, Australia, New Zealand and Japan.

CATHERINE ANDREWS
Northumberland Tyne and Wear NHS Foundation Trust
Dr Catherine Andrews is a Counselling Psychologist who works in Older Adult Mental Health. She has an interest in behaviour that challenges and works with clients, staff and family to facilitate a shared understanding of the situation. She has an interest in attachment theory and how this can be considered in behaviour that challenges.

ARLENE ASTELL
University of Toronto/University of Sheffield
Arlene Astell is Ontario Shores Research Chair in Dementia, University of Toronto, Canada and Professor of Health Services Research in the Centre for Assistive Technology and Connected Healthcare (CATCH), at the University of Sheffield, UK. She has over twenty-five years’ experience developing and evaluating interventions, including technology, to support people to live as well as possible with a dementia diagnosis. Arlene is a member of the Canadian Consortium on Neurodegeneration and Aging (CCNA) and UK lead of two international projects: AAL-WELL investigating novel technologies to support people with Mild Cognitive Impairment and IN-LIFE, a Horizon 2020 project developing technologies to support older adults with cognitive impairment to live well at home. Arlene’s team across the UK and Canada are collaborating on the Aclo dementia project to enable people around the world to find accessible apps for tablet devices (www.actodementia.com). In 2004 Arlene, and her long-time collaborator Dr Maggie Ellis, developed Adaptive Interaction (AI), a nonverbal approach to communicating with older adults living with dementia who can no longer speak. A guide to AI will soon be available to accompany the skills training programme published by Jessica Kingsley Publishers.

ANNETTE AYLES
The Orders of St John Care Trust
Annette has over 35 years’ experience in the care profession. Working her way up from carer to manager she has been a manager for the past four years. Annette worked in domiciliary care for 10 years enabling her to gain experience in providing independence in people living with dementia. Annette sets high standards of conduct and performance for herself and her team. As a result, she is has had a positive impact on bringing forward the care and practice for the team at Watersmead

CLIVE BALLARD
King’s College London
Professor Clive Ballard has researched and published widely in the area of medication management and improving drug and non-drug treatments and quality of life for people with dementia. His work also involves translational science in the areas of stroke, Parkinson’s Disease and Down’s syndrome associated with dementia. His work has contributed to international, national and local guidelines to improve practice.

SUBE BANERJEE
Brighton and Sussex Medical School
Sube Banerjee is Professor of Dementia and Associate Dean at Brighton and Sussex Medical School, directing its Centre for Dementia Studies. Trained at St Thomas’ and the Maidstone Hospitals, clinically he works as an old age psychiatrist. He served as the UK Department of Health’s senior professional advisor on dementia leading the development of the National Dementia Strategy. An active researcher, Sube focuses on quality of life in dementia, evaluation of new treatments and services, and the interface between policy, research and practice. He also works in health system development and with industry and governments on health services, policy and strategies to improve health for older adults with complex needs and those with dementia. Sube has received national and international awards for work in policy and research in dementia.

KATHERINE BARBOUR
Wessex Academic Health Science Network
Katherine Barbour is a Senior Programme Manager with the Wessex Academic Health Science Network leading on the Dementia Programme. She has worked in health and social care settings for most of her career working as a social worker, team manager and NHS senior manager with a focus on learning disability and older person’s mental health. She has a special interest in user and carer engagement and in community development. She has been personally affected by dementia and has a strong commitment to improving dementia care services in Wessex. She is a dementia friends champion and has created over 200 friends since becoming a champion.

HELEN BEVAN
Baglan Lodge Care Home
Helen Bevan is the Deputy Manager at Baglan Lodge Care Home, a family run residence for 30 people who have a variety of personalities, quirks and nursing needs. With no previous care experience she was drafted into the family business where she discovered an absolute passion for older people, a deep connection with dementia care and a desire to improve wellbeing within the home. Five years on and with the support of the manager (her sister in law), the clinical lead, carers and housekeepers, Baglan Lodge is on its way to becoming the sort of place in which she would gladly live herself when the time comes.

SIMON BERNSTEIN
University of Bradford
Simon became Chief Executive of Alive! at the start of 2016. Prior to that he spent over 25 years in the voluntary sector as an accomplished and highly respected Marketing Director and consultant. He has worked in the not-for-profit sector throughout his career because he is passionate about tackling disadvantage. During his career he has helped a variety of causes increase their public awareness and raise millions of pounds. Simon is a Board member of Friends of the Earth and a secondary school governor.

ALISON BLEINKINSOOP
University of Bradford
Alison is Professor of the Practice of Pharmacy at University of Bradford and leads their Medicines Optimisation Research Group and the ‘Safe Use of Medicines’ theme in the Leeds-Bradford collaboration. A health service researcher and registered pharmacist, her research focuses on transitions in care settings to develop interventions to improve quality and safety. She is passionate about translating research into the real world. In the University of Bradford’s Alzheimer’s Society dementia care Doctoral Training Centre (DTC) Alison supervises three PhD students who research the transition from care home to hospital and back, and how to support independent living for people with dementia living in their own homes.

JUDITH BOWER
Alzheimer’s Society
Judith worked in higher education as a Senior and Principal Lecturer in mechanical engineering, sports biomechanics, education and staff development for 15 years. She started work at Alzheimer’s Society, Central and West Lancashire, 8 years ago managing and developing the “caring cafe” project involving the local memory assessment clinics to provide services for people with dementia and caregivers when first diagnosed. Now a Dementia Adviser and Alzheimer’s Society trainer, she has experience of supporting over 1000 people affected by dementia, many returning for support over the years. She has liaised with UCLan over the years to create many interactive sensory projects.

CAROL BRAYNE
University of Cambridge
Carol Brayne is Professor of Public Health Medicine in the Department of Public Health and Primary Care in the University of Cambridge. She is medically qualified epidemiologist and public health academic. Carol graduated in medicine from the Royal Free Hospital School of Medicine, University of London and went on to train in general medicine. After gaining membership she moved on to training in epidemiology with a Training Fellowship with the Medical Research Council. The research area for this Fellowship was ageing and dementia. Since the mid-eighties her main research area has been longitudinal studies of older people following changes over time in cognition, dementia natural history and associated features.
with a public health perspective. She is lead principal investigator in the group of MRC CFA Studies which have informed and will continue to inform national policy and scientific understanding of dementia in whole populations. She is Director of the Cambridge Institute of Public Health at the University of Cambridge and has played a lead role in teaching and training in epidemiology and public health at Cambridge University. She is a Fellow of the British Academy of Medical Sciences and a NIHR Senior Investigator.

ANTOINETTE BROAD
Oxford Health Foundation NHS Trust
Antoinette Broad is an adult nurse and community matron for adult community services within the Oxford Health Foundation NHS Trust. She set up the Oxfordshire Falls prevention service, which has been recognised nationally as a leading model of care, before setting up a multidisciplinary Care Home Support Service. This service supports care home staff with the early detection of deteriorating residents, falls prevention as well as managing residents with complex conditions. A mental health team was integrated within the service to improve the care of care home residents and to examine whether evidence based practice can be implemented into the NHS context.

MALCOLM BURGIN
Alive!
Malcolm began working in the field of activities provision in 2007, joining Alive! as Regional Manager for Hampshire, Wiltshire and Dorset in 2011. Since then he has facilitated thousands of activity sessions, specialising in dance and movement. He has experienced on many occasions the integrative and restorative power of music and movement and is very excited to be able to add these creative music sessions based on the Lifemusic method to his repertoire.

ALISTAIR BURNS
University of Manchester and NHS England
Alistair Burns (FRCP, FRCPsych, MD, CBE) is Professor of Old Age Psychiatry at the University of Manchester. He is an Honorary Consultant Old Age Psychiatrist in the Manchester Mental Health and Social Care Trust (MMHST) and is the National Clinical Director for Dementia and National Clinical Director for Mental Health in Older People at NHS England. He graduated in medicine from Glasgow University in 1980 and trained in psychiatry at the Maudsley Hospital and Institute of Psychiatry in London. Alistair became the Foundation Chair of Old Age Psychiatry in the University of Manchester in 1992, where he has been Head of the Division of Psychiatry and a Vice Dean in the Faculty of Medical and Human Sciences, with responsibility for liaison within the NHS. He set up the Memory Clinic in MMHST and helped establish the old age liaison psychiatry service in UHSMT. He is a Past President of the International Psychogeriatric Association. He is Editor of the International Journal of Geriatric Psychiatry and is on the Editorial Boards of the British Journal of Psychiatry and International Psychogeriatrics. His research and clinical interests are in mental health problems of older people, particularly dementia and Alzheimer’s disease. He has published over 300 papers and 25 books.

MARINA BUSWELL
University of Hertfordshire
Marina has conducted studies into: understanding urgent and emergency care for people living with dementia with a particular focus on use of emergency ambulance services, investigating the reduction and management of faecal incontinence in older people living with dementia resident in care homes and an evidence synthesis of community engagement for dementia. She has worked in the NHS in PCTs in health promotion and then commissioning information. With three boys she is well versed in the worlds of PTAs, scouting, kids’ sports and, with mum-in-law, their frustrations navigating primary care and hospital appointments. She is also doing the Hertfordshire MBA programme.

SARAH BUTCHARD
Mersey Care NHS Trust
Sarah Butchard is a Clinical Psychologist working with older people in Mersey Care NHS Trust. She is Speciality Lead for Clinical Psychology in the Faculty of Psychology of Older People and has strong links with the Doctorate of Clinical Psychology course at Liverpool University, both as an honorary lecturer and chair of the Programme Training Committee. Her clinical and research interests are the impact receiving a diagnosis has on an individual’s well-being and relationships, models of care that promote independence and the practical application of a human rights based approach to dementia care.

VICTORIA BUTLER-COLE
39 Essex Chambers
Victoria is a barrister at 39 Essex Chambers where she specialises in mental health and mental capacity law. She frequently appears in the Court of Protection in cases concerning disputes about capacity, medical treatment, care, welfare and financial affairs. She edits the 39 Essex Chambers mental capacity newsletter and is a trustee of the charity Compassion in Dying.

AMANDA BUTTERY
Health Innovation Network
Amanda Buttery is a post-doctoral Innovation Fellow at the Health Innovation Network, the Academic Health Science Network for South London. Amanda is a member of the Chartered Society of Physiotherapy and specialises in health services research and evaluations on a wide range of topics related to older people. She has a MSc and PhD in Gerontology from King’s College London and holds a Guest Scientist position with the Robert Koch Institute in Germany. She is currently on the Steering Committee of the National Audit of Dementia.

ROBERTA CAIAZZA
Northumberland, Tyne and Wear NHS Trust
Roberta graduated in Clinical and Developmental Psychology from the Seconda Università degli Studi di Napoli (Italy) in 2011. She came to the U.K. to undertake training in forensic psychology, and developed an interest in working with Older People. Roberta took up a post as Clinical Psychologist in Older People Services, Newcastle upon Tyne (U.K.). Her main interest is personality disorders and personality structure and its effect on therapeutic alliance. More latterly Roberta has undertaken research in communication strategies in particular in the use of deception and lies with patients affected by dementia.

LESLEY CALVERT
Lesley Calvert lives in Salford with her husband Sam. They have two children and four grandchildren. Lesley trained as a nurse and worked with Salford District, which she describes as the best job on earth. Around three years ago she noticed difficulties with her memory, and was eventually diagnosed with Alzheimer’s disease, leading to her early retirement. She decided then to be proactive about her diagnosis and joined many local dementia initiatives, including the Dementia Associates group at Salford University. Lesley welcomes opportunities to speak publicly about her experiences, and aims to show that with the right support, you can live well with dementia.

DIANNE CAMPBELL
Dianne was diagnosed with dementia at the age of 47. Since her diagnosis she has been training and raising awareness and involved in making the borough of Brent dementia friendly. She volunteers with the Imperial College Healthcare Hospitals, that include St Mary’s, Charing Cross and Hammersmith Hospitals. Diane educates staff on people living with dementia, particularly those younger people living with dementia. She is a director of a charity called Community Action on Dementia, Brent which aims to make the borough of Brent dementia friendly. Diane is also part of the ALWAYS group for the IDEAL research project, a group of people living with dementia and carers who advise the research team.

DEBBIE CARROLL
Step Change Design Ltd
Debbie Carroll, a Southampton based garden designer, is passionate about gardens being well used and well loved, whether they are part of a domestic setting or a care environment. Her experience in designing for care homes and other health settings for residents with dementia prompted the question of why gardens were not more actively used. Her management background prior to becoming a garden designer provided additional skills that helped make sense of the findings that emerged from this research project. These skills include: managing teams, training, development, project management and experience of handling teams through culture change.

JANE CHATTERJEE
St. Gemma’s Hospice
Jane is a Lecturer in Palliative Care at St. Gemma’s Hospice in Leeds and programme lead for Post Graduate Certificate in Palliative Care, delivered in collaboration with the University of Leeds. Jane has ten years’ clinical practice experience as a nurse in palliative care and, prior to this, experience in care of the elderly. Jane has a BSc (Hons) in Cancer and Palliative Care from Thames Valley University and MSc in Dementia Care Training from the School of Dementia Studies, University of Bradford.

NEIL FRANCIS CHICK
London Borough of Islington
Neil Chick is organisational learning and development manager with London Borough of Islington and took up the voluntary role of Community Advisor in the LGBT Care Home Challenge project. Neil is a lifelong learner and LGBT activist and has expertise in coach mentoring, diversity, and equality in adult social care. Neil is a leader of a local drama company in Kent.

TANYA CLOVER
Clever Care Consultants
Tanya Clover has been involved in supporting organisational change across the health and social care sectors for over 20 years. Utilising her knowledge of the practical application of person centred care models she has worked to influence the experiences and outcomes for people living with dementia. Previously a Practice Development Consultant and Trainer for the University of Bradford School of Dementia Studies, she remains an accredited Dementia Care Mapping trainer. Tanya says “Being part of this project has been a great privilege, I have learnt so much from my co facilitators and I’m proud of the changes we have instigated.”
**ALICE COATES**  
*Oxford Health NHS Foundation Trust*  
Alice Coates is a clinical psychologist working in psychological services within Oxford Health NHS Foundation Trust. She works clinically with older people as well as completing research in this area. As part of her doctoral training she undertook research to increase understanding of the psychological health of staff caring for people with dementia as well as to explore their experiences of this work.

**SAM COX**  
*Alzheimer’s Society*  
Sam started working for the Society in 2009 after gaining a Masters in International Human Rights Law (LLM) at the University of Essex. She has used her human rights knowledge within work and practice at the Society. Sam has also developed knowledge in the Mental Capacity Act, including the Deprivation of Liberty Safeguards and the Mental Health Act. Sam represents Alzheimer’s Society at the Office of the Public Guardian stakeholder and the Care Quality Commission Deprivation of Liberty Safeguards Advisory Groups as well as other bodies. She also sits on the National Mental Capacity Leadership Forum.

**GWEN COLEMAN**  
*Dementia Care Matters*  
Gwen started her career over 20 years ago in the NHS, as a registered dietitian, developing an interest in the impact of food and nutrition on mental health. Joining the Alzheimer’s Society in 2002 Gwen managed a research project called ‘Food for thought’ and then moved into developing and delivering training as part of their Quality Care Team. Gwen worked with Anthea for four years as a dementia specialist before joining Dementia Care Matters as a consultant trainer. She has authored several publications during her career including ‘Catering for people with dementia’ Alzheimer’s Society (2009) and is an author of the ‘Eating well’ section of SCIE’s dementia gateway.

**LINDSEY COLLINS**  
*University of Bradford*  
Lindsey began her career as a Speech and Language Therapist, specialising in providing support for people living with dementia. In 2013, Lindsey accepted a post as Dementia Care Consultant and Trainer at the University of Bradford, where she develops and delivers person-centred care training and supports health and social care organisations to deliver person-centred care. Lindsey has a particular passion for working with individuals who experience dementia alongside eating and drinking difficulties, in particular at the end of life. Lindsey is also passionate about promoting person-centred communication. In 2016 Lindsey was awarded an Alzheimer’s Society Doctoral Research Fellowship.

**LIZ COLQUHOUN**  
*Orders of St John Care Trust*  
Liz has worked as a mental health nurse for the past 16 years, within the field of older person’s mental health, across a variety of settings such as community teams, memory services, home treatment teams and liaison services with the acute general sector. Liz left the NHS to work for the Orders of St John to fulfil her ambition to become an Admiral Nurse. Working within the Orders of St John Care Trust, Liz has been able to support both families and relatives of people living with dementia, as well as professional carers.

**JILL CONROY**  
*The Fremantle Trust*  
Jill is currently the Practice Development Lead, Dementia with The Fremantle Trust, a medium sized not-for-profit care provider of care homes for older people and adults with learning disabilities. Jill has been working in social care for almost 40 years in the UK and abroad and has a specialist interest in the care and welfare of people who have dementia and their carers. Jill has had articles published which focused on improving the care of people who have dementia in care homes and produced a Dementia Care Development Pack in 2007.

**DR EMMA COSTELLO**  
*High Weald Lewes Havens Clinical Commissioning Group*  
Emma qualified from St. Georges Hospital Medical School, London in 2007. She worked and trained in hospitals in London, Tunbridge Wells and Eastbourne. Emma is currently a sessional GP covering High Weald Lewes Havens region and is the Clinical Lead for Dementia, focussing on developing patient and carer services. Emma is a fellow of Brighton and Sussex Medical Schools which have formed a Dementia Fellowship: Creating Better Dementia Care. The Fellowship runs a training programme which trains and develops GPs, practice nurses and community staff to help them create better dementia care in practices and the community.

**COLM CUNNINGHAM**  
*HammondCare*  
Director of the Dementia Centre, HammondCare, Professor Colm Cunningham leads an Australian and international team of over 100 staff involved in research, education and consultancy as well as the translation of this knowledge into accessible publications and tools to improve practice. The centre undertakes a range of practice-based projects and programmes to inform interventions for people with dementia at home, in hospital and aged care. Colm is an international expert with over 25 years’ experience in older age care. A general and intellectual disability nurse and social worker, Colm was the deputy director at the UK Dementia Centre, University of Stirling and has written extensively and undertaken research on a wide range of issues about dementia, including design, pain care, hospital care, night-time care and intellectual disability. Working across a range of faculties of education and research in HammondCare, Colm has significant expertise in supporting translational research and meaningful practice and culture change. Colm is an Associate Professor at the University of Salford Institute for Dementia and a Visiting Fellow in Dementia Design and Practice at the University of Edinburgh School of Health in Social Science. Colm is also a member of the Wicking Strategic Review Panel.

**STEPHANIE DALEY**  
*Sussex Partnership NHS Foundation Trust*  
Stephanie Daley is a Clinical Research Fellow in Centre for Dementia Studies, which is a collaboration between Sussex Partnership Trust and Brighton and Sussex Medical School. Stephanie completed her PhD at the Institute of Psychiatry, Kings College London, looking at the applicability of the concept and practice of recovery for older people, including people with dementia. Stephanie is currently the evaluation lead of the Time for Dementia programme. Stephanie was previously the Head of Occupational Therapy for older people’s services at the South London & Maudsley NHS Foundation Trust, and has over 20 years’ experience of working with people with dementia. Stephanie is passionate about improving quality of life and care delivery to those affected by dementia.

**DAVID DANSKY**  
*Cycle Training UK*  
Head of Training for Cycle Training UK. An experienced teacher, he has developed a variety of courses aimed at various audiences including a course for cycling instructors to teach people with special educational needs. David advises Transport for London and the Department for Transport on cycling matters and contributed to the Government guidance for the delivery of inclusive cycle training. CTUK has run cycling courses for people referred by their GPs and Borough Healthy Lifestyle departments enabling them to have fun on a bike, reap the health benefits and in many cases choose a bicycle to get around independently.

**PAUL DOURANDISH**  
*University of Bradford*  
Currently a community pharmacist and PhD student at the University of Bradford Doctoral Training Centre for Dementia Studies, with a special interest in medicines optimisation for the purpose of maintaining independent living for older people in the community. Paul completed a Masters of Pharmacy as a mature student and registered with the General Pharmaceutical Council in 2014. A passion for writing and research in healthcare then led him to his next role as a pharmacist author for the National Institute of Health and Care Excellence (NICE), in which he contributed to the development of evidence-based clinical knowledge summaries for primary care practitioners, including guidelines for the management of dementia in primary care.

**NATHAN DAVIES**  
*University College London*  
Nathan Davies is an NIHR School for Primary Care Research Post-Doctoral Fellow at University College London, UK. With a background in Psychology, Nathan leads a team and portfolio of research on end of life care for people with dementia. His particular focus is on improving the support that family carers receive when caring for someone with dementia at the end of life. He has received funding from the Alzheimer’s Society, Marie Curie and NIHR.

**JAN DEACCY**  
*Sussex Partnership Trust*  
Jan Deacey is a dual qualified nurse who has worked in a variety of settings including as a community psychiatric nurse, a nursing home manager and a manager of a day service. For the last fifteen years she has focused on dementia care and is currently studying for her masters in dementia at the University of Brighton. She feels passionately promoting the biopsychosocial model of dementia care in homes with a particular focus on the appropriate use of medication in dementia care. She has been instrumental in establishing a pioneering peer support group for care home managers in Brighton and Hove.

**APRIL DOBSON**  
*The Abbeyfield Society*  
April undertook nurse training at St Luke’s hospital, Guildford, and also worked for a number of years with the Metropolitan Police. Prior to Abbeyfield, she spent 11 years working for a national provider of housing for older people. She is a member of the Chartered Institute of Housing, and holds a diploma in housing as well as a diploma in leadership and managing, and coaching and mentoring. Her passion is to research, develop and implement new programmes that enhance people’s lives and spread recognition that no two people with dementia are the same and therefore shouldn’t be treated as such.
GILLIAN DRUMMOND
Greater Manchester West Mental Health NHS Foundation Trust
Gillian Drummond has been a Registered Mental Health Nurse for 30 years working for the majority of this time in dementia services. Gillian is the Lead Nurse for Dementia, Older People and Carers Services at Greater Manchester West Mental Health NHS Foundations Trust, supporting services across Bolton, Salford and Trafford. Gillian believes passionately that with the right support people can live well with dementia and is committed towards supporting the development of dementia friendly environments and communities.

PAUL DUNNERY
Alzheimer’s Society
Paul has worked for Alzheimer’s Society for 20 years and has a wealth of experience working across the organisation from frontline support to senior management. He currently has a lead role on our next strategy 2017/22 development, whilst at the same time managing our Helpline and online support services. Before joining the Society, he was a senior manager within Older People’s Mental Health services in Nottinghamshire, specialising in people with dementia. He also has a degree in collaborative community care and is always a champion of joined up services.

ANNA EDEN
Young Dementia UK
Anna Eden became Support Services Manager for Young Dementia UK in July 2014. Prior to that she was One to One Service Manager, a post that she held for 6 years. Previously worked for 12 years for a charity supporting people with HIV/AIDS where many of the issues were the same as people facing a terminal condition with stigma and social isolation. She is also a volunteer developing a Dementia Friendly Neighbourhood within the residents’ association which aims to raise awareness and support people locally.

HEATHER EDWARDS
Music Mirrors
Heather Edwards studied music before teaching and lecturing at the University of East Anglia (1980-2014) and Cambridge, Madingley Hall. She is an Honorary researcher with NSFT and UEA. In 2012, having developed a neuro-rehab singer model for people living with dementia, she founded the voluntary organisation Come Singing to carry this work forward and now leads 24 groups monthly in Norwich for Age UK, NSFT, NHS, BUPA, Barchester, Norse and other organisations. Music Mirrors arose from this experience and is a response to the need for people to retain their individual voices, memories and identity even when words fail.

RUTH ELEY
Life Story Network
Ruth Eley has a social work background and was deputy director for social services in Liverpool. Following a period at the Department of Health leading the older people and dementia programme she now works independently. She is Vice-chair of the Life Story Network and chair of the Liverpool Dementia Action Alliance.

JOE ELKINS
The Good Care Group
Joe Elkins is Head of Care Strategy for professional home care provider The Good Care Group. With over ten years' experience in the care sector, Joe's background is in psychology, with a special interest in dementia care. Prior to joining The Good Care Group in 2009 Joe was the strategic dementia lead for a large residential care home provider, and has run high quality dementia care homes. Joe is passionate about promoting well-being for people with dementia and providing highly individualised care and support with dignity and respect at its heart.

ALEX FEAST
University College London
Alexandra is a Research Associate employed by UCL working on the NIHR funded study Better Health in Residents in Care Homes project (BHIRCH), which aims to improve early detection of deterioration of health conditions that can be easily treated in the home. Alexandra has research interests in behavioural and psychological symptoms in dementia, and psychosocial interventions for improving the quality of life people with dementia and their caregivers. She has over 8 years’ experience working across different NIHR funded grants improving quality of life of people with dementia and their carers, and working as a paid carer for adults with learning disabilities.

SIMONA FLORIO
Healthy Living Club
Simona is a founding member and freelance coordinator of the Healthy Living Club. Simona supports the Club and several other community-related projects with the hope to create a shared sense of belonging for people of all ages together. This was a way of life that Simona experienced first-hand in Caravino, Northern Italy: where communistarianism flourished throughout the 60s and 70s and has influenced her work ever since.

JANE FOSSEY
Oxford Health NHS Foundation Trust
Jane Fossey is Associate Director of Psychological Services at Oxford Health NHS Foundation Trust and Honorary Senior Clinical Research Fellow at Dept. Psychiatry at Oxford University. She has worked in Older People’s services in the NHS since qualifying as a Clinical Psychologist. For several years, she has also led and collaborated in research funded by NIHR, Big Lottery and Alzheimer’s Society evaluating psychological and social approaches to care for people with dementia and their carers. She is interested in how the knowledge can be used in routine health care and has contributed to national guidance and local service redesign.

VIVIENNE FRANCIS
Alzheimer’s Society
Vivienne is responsible for Marketing and External Affairs activity at the Society. She is leading on creating a fresh approach to marketing and an approach to mass communications activity. She is also developing our work to create change, bringing together influencing, campaigning, and ground-breaking dementia friendly communities’ activity in one cohesive movement. Vivienne oversees the development of social action initiative Dementia Friends, which currently has 1.6m ‘friends’ on board. Prior to joining the Society, Vivienne was Director of Communications at Prostate Cancer UK, where she successfully implemented a new brand identity and led the award-winning Men United campaign.

ANNA GAUGHAN
Life Story Network
Anna Gaughan has a health and social care background and has held several Director level posts across the sector. She was a family carer and co-founded the Life Story Network with other colleagues. She is passionate about using narrative practice, citizenship and human rights approaches to empower people with dementia and family carers. She is an associate of Manchester Business School.
KATHRYN GILFOY
Westminster Arts
Kathryn Gilfoyl is the Director of Westminster Arts and founder of the Resonate arts programme, which offers a range of arts opportunities and activities at all stages of living with dementia across Westminster, Kensington & Chelsea and Hammersmith & Fulham. Originally a performer, Kathryn has worked as an arts facilitator, projects manager and Creative Director for 30 years with Studio 3 Arts, Magic Me and a range of other organisations. For all of her career, this has involved developing work in partnership to create high quality exciting arts interventions and positive outcomes for participants.

MARGARET GLOGOWSKA
University of Oxford
Margaret Glogowska is currently a researcher in the Nuffield Department of Primary Care Health Sciences at University of Oxford. With a professional background in speech and language therapy, she became a health services researcher in 2005 and since then has worked on various studies conducted in the fields of health care and health care education, involving both qualitative and quantitative methods. Margaret’s current research is funded by the Oxford CLAHRC and includes an ethnographic study of older patients’ experiences of using an Emergency Multidisciplinary Unit (EMU) and the evaluation of dementia-friendly environmental changes in care homes in Oxfordshire (Dignity Plus).

CLAIRE GOODCHILD
Royal Surgical Aid Society
Claire Goodchild has a background in social work, public health and joint commissioning. As a member of the Department of Health National Dementia Strategy implementation team she was the catalyst to numerous innovations including creating a social movement of people with dementia that led to the creation of DEEP and pioneered Dementia Friendly Communities. She is currently CEO of RSAS developing innovative services for dementia carers.

HELEN GREEN
BUPA
Helen Green qualified as an RMN in 2002 and has spent the majority of her career working in the field of dementia care. She spent 10 years as a CPM supporting people with dementia to live well within their own homes. Since August 2015 Helen has been employed as an Admiral Nurse and supports staff in promoting person centred care for those living with dementia within Bupa care settings. Helen is both passionate and dedicated to improving care for those living with dementia.

HAZEL GREENWAY
Mulberry Court, The Fremantle Trust
Hazel Greenway has worked in care since she was 18 years, working her way towards management in 1996, happiest working with people with dementia and ensuring their well-being and that they still get the best they can out of life. Married with two children, plus the cat and dog, Micky our small jack russell is a member of the care team and joins the rambling group for walks. Passionate about ensuring the highest quality care for the people she supports, and colleagues that work with her, always encouraging staff to come up with new ideas to make life better for the people living at Mulberry. Last year staff and relatives put her forward for the Best Dementia Manager and for once she was speechless when she won, the best 50th birthday present ever.

KATE GRIDLEY
University of York
Kate Gridley has been a researcher with the University of York’s Social Policy Research Unit since 2005. Her background is in community involvement and before becoming a researcher she worked in both the voluntary sector and the health service. At SPRU she has completed research on the implementation of the national service framework for long-term neurological conditions and good practice in social care for people with complex needs. More recently she led a study looking at life story work in dementia care and is now managing a new project investigating specialist support for carers of people with dementia.

KIM GROSVENOR
NHS High Weald Lewes Havens Clinical Commissioning Group
Kim graduated from Law School in 1997 and pursued a legal career before deciding upon a change of direction, working in a range of industries from public relations to policy development and service improvement. She has worked both in the Voluntary Sector and as an Older People’s Health and Social Care Commissioner, developing an expertise in service re-design and transformation, with a special interest in Dementia. Kim joined IWHC CCG in 2014 to use the learning of the National Dementia Strategy, evolving evidence and best practice to develop a new model of dementia care in East Sussex.

RUBY GUILD
Heart of England NHS Foundation Trust
Ruby qualified as a Registered Nurse 5 years ago. In 2013 she took a position on a specialist ward for people with dementia in an acute hospital. This ignited Ruby’s interest in dementia and she began working as a Delirium and Dementia Outreach Nurse in Solihull Hospital and its associated community Trust.

TRISH HAFFORD-LETCHFIELD
Middlesex University
Trish Hafford-Letchfield is Professor of Social Care at Middlesex University and is a qualified nurse, social worker, manager and educator. Trish has held various management posts in social care with older people in both statutory and voluntary contexts. Trish’s specialist research interests are in cross-disciplinary support for improving the quality of care for older people and intersectionality and equality issues in social work. She has a particular interest in engaging with the arts to promote user involvement and co-production and has pioneered some pedagogic methods to take this forward.

CHRIS HARDING
Daily Sparkle
Chris Harding, the creator of the Daily Sparkle, is passionate about providing stimulating activities that really enliven the elderly on all levels. He has over 25 years of experience working with people, mostly as a therapist. In search of the most effective and enjoyable elements of activity workshops he has researched care homes all over the world. As a social enterprise we put “People before profit”. Since launching seven years ago the Daily Sparkle has offered more and more each year. Our constant question is “What else can we do?”, and due to our close connections with activity coordinators we also have a constant supply of suggestions, including ways for us to help save time and offer high quality development opportunities.

PHILLY HARE
Joseph Rowntree Foundation/Innovations in Dementia
Philly Hare is a Programme Manager at Joseph Rowntree Foundation. She is currently on secondment with Innovations in Dementia. Philly’s particular interests are the empowerment and inclusion of people with dementia and the application of research evidence to practice.

ANN-MARIE HARMER
Barchester Healthcare
Ann-Marie Harmer started as a Cadet Nurse at the age of 16 and went on to student nurse training at Chase Farm Hospital, in Enfield. She joined Seward Lodge as a staff nurse in 1987, which was one of the first NHS purpose built dementia care facilities. Ann-Marie worked her way up to the position of nursing Sister at Seward Lodge before moving into the private adult social care sector. It was at Seward Lodge that her interest in dementia was ignited. For almost 30 years Ann-Marie has remained in the speciality of dementia care as a Head of Unit, Deputy Home Director, Home Manager, nurse trainer and Dementia Care Specialist.

PHIL HARPER
Barchester Healthcare
Phil’s nursing career commenced when he was 16 years old and he worked within the NHS for 40 years. The later 30 years has been spent working in elderly care, particularly within dementia care. Phil’s dementia experience was gained in hospital and community care, assessor for continuing health care and was also a best interest assessor for DOLS. Since leaving the NHS, Phil has further specialised in dementia developments in care home communities. Phil is now employed as a Dementia Care Specialist working for Barchester Healthcare Dementia Care Support Team and is dedicated to improving the quality care provision for residents who live with dementia in care communities. Phil recognises the need to improve the care experience for residents living in care communities, which he believes should be reflected in the wellbeing of residents living with dementia.

TOM HAWKINS
Tom is living with dementia. He was a founder member of the Hope and Doodle Club in Lewisham, South London, run by Lewisham Mind, which is part of the DEEP network. Tom and his wife Maureen are part of the ALWAYS group for the IDEAL research project. This a group of people living with dementia and carers who advise the research team.

HAYLO THEATRE
Haylo Theatre create bespoke performances targeting health and social care settings, to encourage conversation around difficult subjects.

DEENA HEANEY
Barchester Healthcare
With a career spanning more than 36 years in the care industry, Deena’s infectious persona and experience has brought her to Barchester Healthcare’s Dementia Care Support team, disseminating best practice, first class training and knowledge across all interventions. Recognising the person primarily and the illness secondary, the person’s life story defines the quality of care practice taught throughout all of Barchester’s services nationally. A triple care award winner with a recognised teaching qualification, Deena has worked in various roles and has a real passion for enhancing the well-being of a person living with dementia.
HAZEL HEATH  
Independent Consultant Nurse  
Hazel Heath PhD, FRCN, MSc, BA(Hons), Dip(NLond), CertEd, RGN, RCNT, RNT has studied sexuality expression in later life for 20 years. Her work includes research with care home staff dealing with sexual expression in residents, as well as interviews with lesbian and gay older people with partners with dementia in care homes. Hazel authored the RCN’s guidance on sexuality in care homes and, with Isabel White, edited The Challenge of Sexuality in Health Care.

JENNY HENDERSON  
Faith in Older People  
Jenny Henderson is a consultant and trainer in dementia care. She is a tribunal member for the Mental Health Commission. She works mainly for the University of the West of Scotland, Faith in Older People and Scottish Care as well as numerous churches keen to learn how best to include members of their congregation with dementia.

MICHAL HERZ  
Association for Dementia Studies, University of Worcester  
Michal Herz has 15 years of supporting people living with dementia both nationally and internationally. Currently, a senior lecturer, and head of education for the Association for Dementia Studies at the University of Worcester, Michal has worked in care homes, care organisations and at an Alzheimer’s Society. Michal’s undergraduate, MSc and postgraduate diploma are in the fields of psychology and old age, with a special interest on psychoanalytic thinking in the context of dementia. Currently working on her PhD. ‘And then there were three: Incorporating a live-in care-worker into the home of a couple where one spouse has dementia’.

SUZANNE HILL  
University of Bradford  
Suzanne has a background as a GP Practice Support Pharmacist and Community Pharmacist. She is an Independent Prescriber with a Pg Diploma in Medicines Management. In 2012, she became a Lecturer in Pharmacy Practice, where she developed a passion for research and secured funding (PRUK) to study for a Masters in Research Methods. In 2015, she started a PhD (Alzheimer’s Society funded), which fulfilled personal and professional ambitions: to support and enhance the quality of life for individuals/families affected by dementia and to improve the quality and safety of medicines use at transition. She lives in West Yorkshire with her husband and 3 young children.

JEREMY HUGHES  
Chief Executive Officer, Alzheimer’s Society  
Alzheimer’s Society is the UK’s leading charity in the care and support of people affected by dementia and research into the cause, cure and prevention of dementia. Jeremy also co-chairs the Dementia Friendly Communities Champions Group with Angela Rippon; is Chair of the Global Alzheimer’s and Dementia Action Alliance and co-Chair of the UK Dementia Action Alliance. He has previously worked in leadership posts at Breakthrough Breast Cancer, the International Federation of Red Cross and Red Crescent Societies, British Red Cross, Leonard Cheshire, Muscular Dystrophy and NCH Action for Children.

AILEEN JACKSON  
Health Innovation Network  
Aileen Jackson is a Senior Project Manager for the Dementia Clinical Theme at the Health Innovation Network, the Academic Health Science Network for South London. Before joining the NHS, Aileen worked as Joint LA and CCG Commissioner; she has also worked extensively in workforce development and is a registered social worker.

CLIVE JAMES  
Alzheimer’s Society  
Clive enjoyed a 45-year career as a journalist, the last 22 as an editor, before retiring last December. He began as a Hereford Times trainee and later spent 10 years covering professional football before becoming editor of the Kidderminster Shuttle where he developed an award-winning newspaper at the heart of its community. He completed his career by returning to the Hereford Times as editor in 2014 and saw it collect a national award for campaigning. After retirement, his desire to remain actively involved with his local community saw him sign up as a volunteer with the Alzheimer’s Society in May.

IAN JAMES  
Northumberland, Tyne and Wear NHS Trust  
Ian is Head of Newcastle’s older people’s psychology and challenging behaviour teams. He is an honorary professor at Bradford University, and has written numerous articles and books on dementia and cognitive therapy.

REBECCA JARVIS  
Health Innovation Network  
Rebecca Jarvis has spent much of her career working in commissioning and programme management across health and social care organisations in South London after completing the Essex County Council management trainee scheme. She has also worked as a teacher of English and science in high schools in Japan and Zimbabwe.
Speaker biographies

KELLY KAYE
Dementia Action Alliance

Kelly Kaye is the Dementia Action Alliance Partnerships manager working together with hospitals to push forward the Dementia Friendly Hospital project. Kelly’s first experience of working with people with dementia was a Sunday job in a Jewish Care day centre, whilst studying for her degree. Kelly loved the work and knew that was where she wanted her future to be. Kelly worked for a local authority for 12 years having the responsibility of running a day centre, managing an outreach team, managing a BAME team supporting members of the South East Asian community and dementia projects as a whole. Kelly indulged her love of football by working with local football clubs, and most notably Leyton Orient Football Club (where she is a season ticket holder!) to encourage them to become dementia friendly.

ZAFFER KHAN
One Voice Blackburn

Zaffer plays a lead role for One Voice Blackburn, an award-winning social enterprise that aims to support people from the most deprived communities in Blackburn with Darwen. His organisation has delivered an innovative programme of focus groups, consultations and events with Community Integrated Care, to engage Blackburn’s South Asian community on the development of EachStep Blackburn – a pioneering new specialist dementia care home. This work has ensured that the home provides inclusive, culturally appropriate support to people from all sections of the Blackburn community.

NAJMA KHALID
Community Development Consultant

Najma Khalid is a community Development Consultant who takes a creative/artistic approach. She has vast knowledge and experience in the area of community development and project work, with experiential and academic background in management studies, project development and the creative arts. Najma is also the founder and CEO of Women’s CHAI Project – Care, help and Inspire, which raises awareness around wellbeing. She has run many projects including the Southbank Centre’s Alchemy Festival participatory arts strand 2015. Najma has lost family members to dementia and has knowledge of dementia in BME communities hence she is passionate about dementia awareness.

ALISE KIRTLLEY
Independent Consultant

Alise Kirtley works independently on a variety of projects that aim to support people living with dementia, their family and professional carers, to flourish. Alise has worked as a Culture Change Manager and Practice Development Consultant with care homes; lead training and awareness workshops for professional carers, nurses, and family carers; lead and contributed to research for Innovations in Dementia, The Bigger Boat for Ageing and Dementia, and My Home Life; and is a visiting researcher at the Centre for Creativity in Professional Practice at City University to support the development of digital technologies to enhance person-centred dementia care.

SALLY KNOCKER
Dementia Care Matters

Sally has worked for over thirty years in dementia care and for the last five years with Dementia Care Matters teaching on the university recognised Person Centred Dementia Care course and as a consultant on culture change projects in the UK, Ireland and most recently in Canada. Sally is the author of ‘ Löving, the essence of being a butterfly in dementia care’, published with Hawker Publications and the seventh in the Feelings Matter Most series. She is also the author of a range of publications on the needs of older people who are lesbian, gay, bisexual or trans including a new book to be published with Age UK in the new year called ‘Safe to be me’.

RHIANNON LANE
Bright Shadow

Rhiannon is one of the founders and Directors of Bright Shadow. Over the past seven years Bright Shadow has worked to enable people living with dementia and those who care for them to live well and to thrive. We use performance and sensory techniques to provide opportunities for self-expression, a celebration of the present moment and relationship enhancing experiences. We have a vision of a brighter quality of life that impacts positively on the wellbeing of both people with dementia and those that care for them.

ISABELLE LATHAM
Association for Dementia Studies, University of Worcester

Isabelle joined ADS in 2011, working as the research associate on the national Doh/Comic Relief funded project examining organisational culture in care homes. She is now a Senior Lecturer, combining an active research role on a number of projects with delivery of many ADS education programmes. Isabelle’s particular areas of interest are care homes, organisational culture and its impact on care, the education of frontline care staff, the Mental Capacity Act and safeguarding vulnerable adults from abuse. Isabelle is currently undertaking her PhD at the University of Worcester.

VICKI LEAH
University College London Hospital, London

Vicki Leah is Consultant Nurse for Older People University College Hospital London. She has been involved with the DAA since the 2011 campaign, “The Right Prescription” and is the current chair of the “Dementia Friendly Hospital Taskforce”. In addition, Vicki provides a voice for nursing and patients on the NHS London Dementia Strategic Clinical Leadership Group and is Chair of Royal College of Nursing Older Peoples Forum.

JAN LEEEKS
University of Hertfordshire

Jan Leeks is a Senior Lecturer at the University of Hertfordshire and consultant nurse for dementia care at Hertfordshire University Foundation Trust. She trained as a mental health nurse 30 years ago, throughout her career she has worked in the area of dementia care. Her clinical background includes ward manager, CPN and care home manager. Latterly she worked at the Bradford School of Dementia Studies as a lecturer, where she completed her MSc in training in dementia care. Jan’s interest lies in the training and education of the dementia workforce, she is experienced in writing cascade training materials which are used nationally and internationally.

LUCY LEWIS
Greater Manchester West Mental Health NHS Foundation Trust

Lucy qualified as a mental health nurse just over 12 months ago. Since qualifying she has been working as a staff nurse on a NHS mental health dementia inpatient ward. Lucy finds this a rewarding and challenging role. She enjoys working with people whose dementia may be more advanced and developing relationships with their relatives/carers. During her time working on the ward Lucy has developed an interest in pain and dementia and in particular how pain is assessed and treated in people with dementia whose illness is more advanced.

BETH LUXMOORE
Alzheimer’s Society

Beth Luxmoore works for Alzheimer’s Society as Programme Development Manager. After a brief career in Biomedical Engineering research, she joined Alzheimer’s Society to lead a project to deliver arts based activity groups for people with dementia and carers in 2013. Over the past two years, she has led the Salford Involvement Project; aiming to put into practice innovative approaches to involving people affected by dementia in the work of Alzheimer’s Society. This has included making involvement opportunities person-centred, investigating communication approaches to better include people with more advanced dementia and the implementation of co-production approaches.

HELEN MANCHESTER
University of Bristol

Helen Manchester is an academic who specialises in conducting participatory, co-produced research with community and voluntary organisations and cultural institutions. She is currently working on projects around the theme of urban/civic learning and smart technologies, including the REPPLICATE project, funded by Horizon 2020. Helen led the AHRC funded research projects Tangible memories: Community in Care funded by the AHRC Digital Transformations and Connected Communities Capital fund. This was an interdisciplinary project (working with computer scientists, artists and historians) exploring older peoples’ material memories, storytelling and technology co-design in care home settings.
LOUISE MARKS
Carers Trust
Louise Marks is in post at Carers Trust as Dementia & Older Carers Policy & Development Officer. Louise has worked with carers for over 20 years, locally with Suffolk Family Carers and now nationally. Louise has produced some valuable resources for carers of people with dementia and professionals.

KARRIE MARSHALL
Creativity in Care
Karrie Marshall has a background in care management, lecturing in health and social care and the arts. She founded Creativity in Care community interest company in 2012, to deliver socially engaged arts and learning programmes on a range of topics to improve quality of life, inclusion and joyfulness in care and community settings. Karrie is an author of Puppetyry in Dementia Care: connecting through creativity and joy 2013 and Creating a Creative Toolkit for Communication in Dementia Care (2016) both by Jessica Kingsley Publishers. She lives in the Highlands, Scotland.

MARY MARSHALL
HammondCare
Mary Marshall is a senior consultant with HammondCare. She is also on the Board of Faith in Older People and undertakes training for them. She is an honorary Professor the University of Edinburgh. She writes and lectures in dementia care, especially about design.

ELSPETH MATHIE
University of Hertfordshire
Elspeth Mathie is a Research Fellow at the Centre for Research in Primary and Community Care (CRIPAC) at the University of Hertfordshire. Elspeth’s expertise lies in Patient and Public Involvement.

ANDREA MAYRHOFER
University of Hertfordshire
Andrew Mayrhofer is a Research Fellow at the Centre for Research in Primary and Community Care (CRIPAC) at the University of Hertfordshire. Her expertise lies in Applied Social Science research and Qualitative Methods. Her research interests are in mental health with a focus on dementia.

ROLAND MCMORRAN
Architectonicus
Roland McMorran is a fine artist who has also worked extensively as a professional carer. He co-created Architectonicus, assisting to develop the ‘Mind in Mind’ design principles that underpin the practice. Roland’s on the ground care experience put the reality of care in a given environment at the heart of Architectonicus. Receiving and giving care is an experience that the environment naturally has a powerful effect over. Experiences are sensory, care is a journey. These are two strings on a single instrument, we decide by our architectural and care model choices whether they harmonise or clash. The right choices require sensitivity, empathy, understanding of the unique needs of those people cared for, their care teams, family, friends, the care model and the local community.

WILLIAM MCMORRAN
Architectonicus
William McMorran set up Architectonicus to instigate a step change in design for care. Architectonicus are specialist dementia architects based in the UK, established to transform the everyday lives of people living with dementia. Combined with an effective care plan, beautiful surroundings raise the spirits of everyone. We believe that care environments should be welcoming, orientating, self-affirming, spiritual, healing, provocative, even risk taking; a friendly world that acknowledges difficulty and affirms person-hood. Each space, wherever they are, in their bedroom, walking through a building, exploring a garden should feel uniquely meaningful and belonging to them; ‘my home is wonderful’.

OWEN MILLER
Alzheimer Scotland
Owen previously worked within the Focus on Dementia improvement programme on a seconded basis before joining Alzheimer Scotland. His role focuses on stakeholder engagement at a national level, including developments in policy, strategy and legislation by the Scottish Parliament and Scottish Government, helping to ensure that they are shaped by the experience and voices of people, their families and carers.

EDANA MINGHELLA
Independent Consultant
Edana Minghella is an independent consultant working in service improvement, redesign and evaluation with a strong service user focus. Formerly Associate Director/Head of Mental Health at the Audit Commission, she has a longstanding national profile in health and mental health. Nationally, her mental health and dementia work has led to policy and practice change (eg. her report, Open All Hours, informed the Mental Health National Service Framework, she co-wrote the DH Dementia Commissioning Guidance). More locally she has developed regional dementia strategies and improved pathways, and has co-written an award winning paper on new models of care for dementia.

TRACY MORAN
HammondCare
Tracy Moran worked in the field of social work, before making a career change to train as an equine assisted teacher. She lives and works in a small village in Lincolnshire.

PETER MORGAN-JONES
HammondCare
Peter Morgan-Jones started with HammondCare in 2012, and now works at the Dementia Centre, part of HammondCare. He was also head chef of the Sydney Opera House and other career highlights include working in the palace kitchens for the Royal Family, managing 120 chefs on-site for Wimbledon Tennis Championships and cooking in top restaurants in Bermuda, Germany and London. He has also cooked in some of Sydney’s most iconic restaurants. Now he brings to the aged care sector his vast dining experience for people living with dementia. Peter has co-written a book and toured the world with his dementia cook book “Don’t give me eggs that bounce”. His second book is finger food based and published in June 2016 “It’s all about the food, not the fork”.

CHARLOTTE MORRIS
Heart of England NHS Foundation Trust
Charlotte Morris is an academic FY2 doctor who has an interest in elderly care, particularly major neurocognitive disorders. Her current research is in COPD and cognitive impairment, and she is running a prospective study investigating this.

CLARE MORRIS
Cycle Training UK
Clare Morris is a psychotherapist with many years’ experience working with people with dementia and their families. Personal Construct Psychology (PCP) is the theoretical underpinning for her work, a creative approach to understanding how people in any context make sense of events. PCP helps us to look at what it is that links the wide range of creative approaches to intervening and communicating with people with dementia. Clare is involved in developing therapeutic approaches for people with dementia and their families, currently exploring the role of yoga and cycling for people who have cognitive impairment and their caregivers.

RACHEL MORTIMER
Engage and Create
Rachel Mortimer is the founder of Engage and Create, and creator of “Ignite” an innovative method of using fine art on iPad to stimulate conversation with people with dementia.

DAVID MOWAT MP
Parliamentary Under Secretary of State for Care
David Mowat was elected as a Conservative MP for Warrington South in 2010. Educated at Lawrence Sheriff School, Rugby, he then studied engineering at Imperial College London. Political career: Parliamentary Private Secretary to the Financial Secretary to the Treasury from 2012-2016, Member of the Scottish Affairs Select Committee from 2010 to 2012, Member of the Joint Select Committee on the draft Financial Services Bill, Trustee of the House of Commons Pension Fund, Board of the Parliamentary Office for Science and Technology (non-partisan body on Science and Technology within Parliament). Career outside politics: After graduating, David qualified as a Chartered Accountant. He joined the consultancy firm Accenture where he became a Global Managing Partner. Prior to his election to Parliament, David served as the Chairperson of Fairbridge, a charitable organisation in Salford which helps to improve the life chances of disadvantaged young people. David also served as a Councillor on Macclesfield Borough Council from 2007 to 2008.

SUZANNE MUMFORD
Care Prepared
Suzanne Mumford is a Clinical Nurse Dementia Specialist, working as a freelance consultant supporting care teams with workplace coaching and training. In a career spanning over 35 years she has extensive experience providing practical care skills training and coaching with care teams to help them support people living with dementia. In addition to her own work with social enterprise Care Prepared, she is an associate with the Daily Sparkles team.

JAMES MUNRO
Patient Opinion
James Munro qualified in medicine from Cambridge and London Universities and worked in hospital and public health medicine before joining the University of Sheffield in 1993 as a clinical epidemiologist. He spent 13 years at Sheffield University undertaking policy-related health services research, including the national evaluation of NHS Direct. He has taught and published widely, including over 40 peer-reviewed academic papers and also spent 20 years as editor and publisher of Health Matters, an independent magazine covering health policy and politics. James has worked with Patient Opinion since the start, and has 10 years’ experience in designing, building and managing the online platform.
**Aileen Murray**  
Health Education England - Wessex and Solent NHS Trust  
Aileen Murray RMN, BSc, MSc, Non-medical Prescriber. Areas of special interest: Dignity, personhood and self-identity, education and practice development regarding all aspects of dementia care and associated disorders. Studying for a Professional Doctorate in Nursing, thesis on the preservation of self-identity in dementia. Currently enrolled on the Trainee Consultant Practitioner for Mental Health programme and undertaking a QI fellowship with the Strategic Clinical Network for Mental Health reviewing liaison mental health services across the Wessex region.

**Alison Murray**  
Care Quality Commission  
Alison is a registered nurse, with many years’ experience in both the NHS and private sector. She has specialist qualifications in the care of older people, and spent a number of years managing large nursing homes. Alison has worked in regulation since 2002. She worked with Bradford University to devise the Short Observational Framework for Inspection (SOFI), and led its implementation within CSCI/GCC. Alison then moved to work with the CQC Provider Relational team, before returning to frontline operations. Alison is currently Head of Inspection in London and takes the lead for dementia care within the CQC Adult Social Care Directorate.

**Ben Neale**  
Ladder to the Moon  
A highly experienced Creative Learning Expert, Ben has experience of interactive programme design and delivery in care, arts, education and business environments. Specialising in wellbeing, creativity and innovative approaches to social engagement. He delivers the Outstanding Activities programme at Ladder to the Moon.

**Sue Northrop**  
Dementia Friendly East Lothian  
Sue Northrop founded Dementia Friendly East Lothian and is vice-chair of the British Psychological Society in Scotland. She is also co-chair of the North Berwick Coastal Area Partnership and the Older Peoples Network within the East Lothian Partnership. Sue’s commitment to establishing dementia friendly communities is inspired and fuelled by experience of caring for parents with dementia, community psychology and the vision of the Commission on the Future Delivery of Public Services. Other roles include being a Carer Advisor to the Life Changes Trust and a member of the Carers Scotland and Marie Curie Scotland Advisory Groups.

**Nwakuru Nwaogwugwu**  
Hurley Group/Health Innovation Network  
Dr Nwakuru Nwaogwugwu has an interest in elderly care and is currently working in London for the Hurley Group where she is clinical lead for the Southwark nursing homes service: a multidisciplinary team providing proactive care and advanced care planning. She worked with the Health Innovation Network Dementia team during her Darzi fellowship year where she co-produced a health and wellbeing prompt tool for carers with the Carers Trust. The tool, ‘Time To Think About You’, aims to raise carer health awareness and encourage carers to seek support from general practice and carers’ centres when they are ready to.

**Edward O’Connor**  
Northumberland, Tyne and Wear NHS Foundation Trust  
I graduated as a Mental Health Nurse in 2010 at Northumbria University. I took up a post in the Challenging Behaviour Team, Newcastle upon Tyne where I have experienced hands on the difficulty in relation to communicating effectively with people with dementia. For this reason, I have started researching ways to implement effective communication and in particular in relation to the how one could use lies and deception within an ethical framework when communicating with people with dementia. This is done in consideration of both the academic evidence and observed practice based experience that lies are used to communicate to people with dementia.

**Linda O’Sullivan**  
The Yellow Bridge  
Linda O’Sullivan has extensive experience in mental and sexual health, project management, and issues affecting older people. Her interest in dementia developed when her gran, aunt and mother were diagnosed. After working in social research and health promotion, Linda moved to the Alzheimer’s Society, where her interest in and passion for developing dementia friendly communities evolved. She has worked with a number of national organizations to raise awareness amongst employers in Warwickshire, and has started the first live music cafe in the area. She is founder of The Yellow Bridge, a new social enterprise organization.

**Keith Oliver**  
Alzheimer’s Society/KMPT  
Keith lives in Canterbury. Married. Former primary school teacher and head teacher. At 55 on New Year’s Eve 2010 Keith’s life changed dramatically when a diagnosis of Alzheimer’s Disease was confirmed. After coming to terms with the diagnosis he was determined to fill the vacuum created in his life. He uses his energy, drive and remaining skills towards public awareness around dementia. He’s an Alzheimer’s Ambassador and KMPT Dementia Envoy. He presented at various conferences including 2014 & 2015 Congresses. National Dementia Action Alliance Board member. Co-led publication of “Welcome To Our World” which raised over £5600 for the Alzheimer’s Society.

**David Owen**  
Barchester Healthcare  
David Owen is currently a Dementia Care Specialist with Barchester Healthcare. He has worked for Barchester for 15 years. His background has foundations as a qualified nurse for over 30 years, working within many role and responsibilities in the NHS, private & voluntary Sectors of the health industry. He also has qualifications and interest in talking therapies. His connections with dementia are personal and professional with a close school friend living with Huntington’s and close family members also part of his experience. This experience along with his own health challenges has driven his passion and commitment to developing dementia services and mental health services.

**Sahdia Parveen**  
University of Bradford  
Sahdia Parveen completed her BSc (hons) in Psychology with neuropsychology in 2006 at the University of Wales, Bangor; followed by a MSc in Clinical Psychology and a PhD in Health Psychology. Sahdia’s MSc thesis and PhD focused on the influence of ethnicity, culture and willingness to care on dementia care outcomes (spats, distress and quality of life). Sahdia joined the Ascertaining Barriers to Compliance project in 2011. This project explored the determinants to medicine adherence using health economics and health psychology models of behaviour. In 2012, Sahdia joined the Yorkshire Quality and Safety Research group at the Bradford Institute for Health Research as a research fellow. She joined the School of Dementia Studies in 2013.

**Claire Peart**  
Barchester Healthcare  
Since qualifying as a nurse over 20 years ago Claire Peart has worked in various roles within the private sector for a number of organisations including Head of Complex Dementia Unit in North East England. Claire now works within a team as a Dementia Care Specialist for Barchester Healthcare.

**Lynne Phair**  
Independent Nurse Consultant  
Lynne Phair JP, MA BSc (Nursing) RMN RGN DPNs is an Independent Consultant Nurse and Expert Witness for Older People. She has worked in the NHS, at the Department of Health and in the Independent Sector. She is professional advisor for three care home companies, Specialist Advisor for CQC, and Visiting Lecturer University of Worcester. She is author of the Sit & See Tool (TM) and has been adviser to BBC Radio 4 File on 4, Panorama, TV Exposure and Channel 4 Dispatches.

**Chris Pickford**  
University of Salford  
Chris Pickford is an interdisciplinary researcher with an interest in biological sciences and engineering. He has a BSc in Microbiology with Biotechnology, an MSc in Robotics and Automation, and a PhD in Systems Neuroscience from the University of Manchester. He currently works in Salford’s Institute for Dementia within the field of physical activity / behavioural monitoring using body worn sensors. These sensors discreetly collect free-living data about how a person moves, that can be used to characterise patterns of daily activity. Using MATLAB, Chris is analysing these data to identify subtle changes in these patterns over time that may be indicative of cognitive decline and could inform future research on the progression of dementia. The aims of his work are to support independent living by informing person-centric care strategies for people living with dementia and their carers, and to use activity monitoring as an effective outcome measure for tailored interventions.

**Sarah Plummer**  
YoungDementia UK  
Sarah Plummer is the National Development Manager at YoungDementia UK and her role involves supporting the development of the National Young Onset Dementia Network. Sarah joined YoungDementia UK from the criminal justice sector where she supported service development in small and large charities, as well as the private and public sectors. She has worked in service design and implementation, business development and policy and campaigning.

**Jackie Pool**  
Affinity Training  
Jackie Pool is well known for her development of dementia care resources and for her delivery of specialist dementia care training and consultancy to those working in the health and social care sector. With over 30 years in the field as an Occupational Therapist specialist in dementia care, Jackie has made a significant contribution to the development of national strategies, including the National Dementia Strategy and the Mental Capacity Act. She is also the author of the national training qualification in dementia care (QCFs). Jackie has published extensively on dementia care topics and has spoken at numerous conferences in the UK and internationally. She is most well-known for her development of the Pool Activity Level (PAL) Instrument, a validated tool for assessment and care planning for people with dementia.
JÖRG ROTH
My Life Films

Jörg Roth has an entrepreneurial background. He launched a TV production and distribution business called Bullseye TV in London in 1999 and sold it to Zodiak Entertainment in 2007. Since then he has launched Rhythm Kitchen, a casual Caribbean dining concept, at Westfield Stratford City (2011) (which he is still a director of). He has acted as a business angel in several digital ventures in Berlin and London, contributing capital or acting as an adviser or board member. My Life Films came about when he learnt about the need for better care for the elderly, especially for people living with dementia.

CLAIRE ROYSTON
Four Seasons Health Care

Claire Royston qualified at the University of Manchester before holding a number of senior positions within the NHS covering both clinical practice and research. She was registered as a specialist in General Adult and Old Age Psychiatry in 1997. She was made a Fellow of the Royal College of Psychiatrists in 2005 and was Vice President of the Royal Society of Medicine between 2004 and 2006. In her current role Dr Royston is the Group Medical Director for Four Seasons Health Care and is a Board Director with particular emphasis and responsibility for all aspects of the quality and governance of care delivery. Dr Royston is the Nominated Individual and senior contact for the care regulators and is the Caldicott Guardian for the organisation.

BRIDGET RUSSELL
University of Hertfordshire

Bridget’s research covers health and health care across the lifespan; working with young people with haemophilia to investigate problems of maintaining concordance with prophylactic treatment and adults with rheumatoid arthritis, devising a text message system for reminders about weekly medication. Bridget has also conducted semi-structured interviews with people who hold delusional beliefs due to psychosis to identify trigger points where reasoning goes awry and mechanisms which lead to and maintain delusional reasoning.

Current research collaborates with health care professionals and providers of residential homes for elderly people investigating how care is given to people with dementia who have other comorbid conditions and complex care needs.

CHRIS RYAN

Chris Ryan joined the merchant navy at 15 and spent 16 years travelling the world. He had my own fishing business after finishing with the merchant navy but an accident at sea finished his time at sea. Chris has Fronto Temporal Dementia. Chris has always been an outgoing person and says I still am outgoing but with a few extras. Chris now knows a lot about dementia and is able to talk to other people about it. He wants to help people to understand about dementia in a good way. Chris is still a member of Dover Lifeboat.

EMMA SAVITCH
Innovations in Dementia

Emma Savitch is a director of Innovations in Dementia, a community interest company that works with people with dementia as equals and volunteers. Innovations in Dementia facilitates the Dementia Engagement and Empowerment Project (DEEP). Nada is a co-investigator with the IDEAL project (www.idealproject.org.uk - Improving the experience of Dementia and Enhancing Active Life led by Professor Linda Clare from University of Exeter and funded by ESRC and NIHR). Her role in IDEAL is to jointly support (with Alzheimer’s Society) the ALWAYS group of people with dementia and carers who act as advisors to the project. Nada can be contacted on nada@innovationsindementia.org.uk

AMY SEMPLE
Health Innovation Network

Amy Semple is Project Manager for the Dementia Clinical Theme at the Health Innovation Network., the Academic Health Science Network for South London. Before joining the NHS, Amy was a health researcher working for local government and a number of large UK charities.

DAVID SHEARD
Dementia Care Matters

Over the last 35 years David has developed a reputation as a challenging and motivational speaker in the UK, Ireland, USA, Canada and Australia. David’s core philosophy is Feelings Matter Most which is evidenced in Dementia Care Matters’ Culture Change Programme ‘The Butterfly Household Model of Care’. David’s main focus in speaking, consultancy, training, writing and his media work in national TV is to shape culture change in dementia care. David has a staff appointment as a Visiting Senior Fellow in the School of Health and Social Care, University of Surrey and holds an Honorary Degree award of Doctor of the University (DUniv).
POLLY SINCLAIR
Health Innovation Network
Polly Sinclair is a Project Manager for the Dementia Clinical Theme at the Health Innovation Network, the Academic Health Science Network for South London. She has previously worked as a joint commissioner for a council and CCG and has a background in social research.

JODIE SMILES
The Fremantle Trust
Jodie Smiles works as a Senior Carer at Mulberry Court, coming into the care sector straight from school, right from the start she showed a true commitment to the care of older people. She has grown in strength and knowledge and become a fantastic dementia champion. In April 2015 she received highly commended from Buckinghamshire County Council in their dignity awards. In November 2015 she won the Best Dignity in Care Champion at the Dementia Care awards and has completed her Dementia Care BTEC and working towards her level 3 in Management. Jodie is a mentor to new staff ensuring they understand dignity and respecting the values of our older people.

SARAH SMITH
University of Bradford
Sarah Smith is a Cognitive Psychologist. Broadly, her research interests concern how higher order cognitive processes, such as executive processes, awareness of memory and subjective experiences associated with remembering, interact with memory function. She is particularly interested in the concept of everyday memory and understanding how memory works in the context of carrying out everyday tasks (such as taking medication) and remembering past personal events that are significant for maintaining identity. She joined the School of Dementia Studies at Bradford in 2011. She is currently involved in projects concerning Cognitive Stimulation in Parkinson’s related dementia and understanding everyday memory in less common forms of dementia.

VICTORIA SMITH
Partnerships in Care
Victoria has worked in a mental health setting for 12 years, beginning her career as a health care worker before progressing to positions within the psychology department. During this time, Victoria has worked with a variety of different client groups including personality disorder, complex mental health and more recently older patients with dementia and cognitive impairment. Victoria enjoys the challenge of applying psychological principles to the care and treatment of older adult offenders with dementia.

JANE SOUAYE
University of Central Lancashire
Jane Souaye worked in industry as a graphic designer for 10 years before moving into education. She has been a senior lecturer in graphic design for the last 20 years, working at the University of Central Lancashire since 2001. Over the past 5 years she has conducted research in collaboration with Judith Bower, designing activities to add value to the lives of people with dementia. These have included a tactile wall panel, sensory corner and interactive books for the library, housed at Alzheimer’s Society, Central and West Lancashire. Present research is focussed on generating prototypes for encouraging positive experiences in fidgeting for people with dementia.

BARBARA STEPHENS
Dementia Pathfinders
Barbara Stephens BSc, Chief Executive of Dementia Pathfinders, a social enterprise developing innovative services for people living with dementia and providing training for the health and care workforce. Barbara has extensive experience in dementia having worked previously for Dementia UK and Alzheimer’s Society. She is keen to understand the ‘lived experience’ of dementia and has an interest in solution focussed approaches. A key aim of Dementia Pathfinders is to initiate projects that harness the skills and knowledge of people directly affected by dementia. Dementia Pathfinders was awarded the contract to host the Dementia Roadmap by the RCGP in April 2015.

CRAIG STEVENS
Alive!
Craig Stevens has been working in activity provision for nine years. He has led thousands of person-centred activity sessions in care settings, working with a range of differing clients. His expertise ranges across the activity provision spectrum from training and experience in reminiscence therapy, dementia, singing, dance, theatre, yoga, laughter yoga, meditation, team building, volunteer coordination and NLP. He has a proven background in management, sales and marketing, business development and is an experienced trainer in all aspects of activity provision. He has developed and runs The West Sussex Activities Coordinators Forums. Craig was recently the judge in the Best Activities Coordinator category at the National Dementia Care Awards 2015.

GRAHAM STOKES
Bupa
Professor Graham Stokes has over 25 years of experience in dementia care and is a recognised authority on person-centred dementia care practice and policy. He is Bupa’s Global Director of Dementia Care, where he oversees Bupa’s dementia policy and practice in the UK, Spain, Australia and New Zealand. Before joining Bupa he was an NHS consultant clinical psychologist. He holds a number of academic posts and was appointed Honorary Visiting Professor of Person-Centred Dementia Care, University of Bradford in 2012. He has written numerous books, professional articles, academic papers and book chapters on dementia and person-centered care.

CLAIRE SURR
Leeds Beckett University
Claire Surr is Professor of Dementia Studies at Leeds Beckett University. She has expertise across applied dementia research and development, delivery and evaluation of training and education for the dementia workforce. Claire is currently leading a large trial exploring the effectiveness and cost-effectiveness of Dementia Care Mapping, for supporting delivery of person-centred care in care homes (EPIC trial) and the What Works? Study, looking at the ingredients that lead to effective dementia training and education. Claire was awarded a prestigious National Teaching Fellowship in 2014 for her innovative teaching and contribution to dementia education.

DAVE SWEENEY
NHs Halton CCG and Halton BC
Dave Sweeney is Director of Transformation working across NHS Halton CCG and Halton Borough Council. This role was amongst the first of its kind in the country, embracing the new world of system integration. He is an award winning commissioner and has also worked in health service delivery. Dave helped create the first integrated position between an NHS team and professional sports club, through appointing a shared role with Widnes Vikings to deliver vital health interventions.

JUDE SWEETING
Ladder to the Moon
Jude is Director of Quality and Enjoyment with Ladder to the Moon and head coach for their Creative Leadership Programmes. Originally a cancer nurse she has been involved in developing dementia services to deliver outstanding care with exceptionally performing teams for more than 20 years - which have gone by like a flash! Her biggest fear is loneliness. And her personal ambition is to bring deeper satisfaction and more pleasant surprises to life for people living and working in care. Her favorite tune aged 8 years old was ‘Right Said Fred’ by Bernard Cribbens.

VAL TAYLOR
Orders of St John Care Trust
Val Taylor is committed to people living with dementia to provide exciting, person centred activities to enhance their life. Previously a teacher, she combines her skills and knowledge gained over a long career working with people with additional learning needs to seek out new ways to support those living with dementia.

GAVIN TERRY
Alzheimer’s Society
Gavin has been Policy Manager at Alzheimer’s Society since March 2014 and leads the Policy team in the analysis of emerging health, social care and public policy and how it relates to the needs and experiences of people affected by dementia. His team are also responsible for forging relationships and working to influence key stakeholders, as well as developing key policy evidence around dementia to support the Society’s lobbying and campaigning strategic objectives. Gavin previously held the role of Policy Manager at Diabetes UK and, prior to working in the voluntary sector, worked in the NHS in both primary and acute care service development.

AMANDA THOMPSELL
South London and Maudsley NHS FT
Dr Thompsett was briefly a GP Principal before retraining in psychiatry. She was a consultant with a team supporting care homes with nursing and then did liaison at Lewisham Hospital. Currently she works in specialist care. She was vice chair of the NICE quality standards development of medicines management in care homes, and led on the improving care work stream for London Dementia Strategic Clinical leadership group. She is currently chair of the Faculty of Old Age Psychiatry. She is particularly interested in Namaste care, improving end of life care for those with dementia, dementia friendly technology and oral health in people with dementia.

JEAN TOTTIE
Life Story Network
Jean Tottie retired early when her father needed more care and support as his dementia advanced rapidly. She is passionate about supporting family carers to have a voice, to be partners in care and use their experience to help others so that services continue to improve. With the Life Story Network Jean is working with family carers to build their resilience by focussing on communication & relationships using narrative therapy. Jean helped establish the new national family carer involvement network for carers of people with dementia. tide together in dementia everyday is hosted by the Life Story Network CIC which Jean chairs.
DAVID TRUSWELL
Alliance for Race Against Dementia
David Truswell B.Sc., M.Sc. (Econ.), MBA was a senior manager in mental health services in health and social services for several years. He now works as an independent consultant, researcher and writer on dementia. He has published articles on the impact of dementia on black, Asian and minority ethnic communities and spoken on this issue at a number of international conferences. He is a Trustee of Culture Dementia UK, a national charity focused on raising awareness about dementia in black, Asian and minority ethnic communities.

JOY WATSON
Joy Watson PhD was diagnosed with young onset dementia in 2014. Since her diagnosis she has devoted her life to raising awareness about the condition and travels the country giving presentations and addressing the many issues she is passionate about. Joy doesn’t travel the country alone. She can often be seen with her dog Demi. Demi is hopefully going to be Joy’s dementia dog. Although she enjoys being out there doing the stuff, her personal contact with people affected by dementia is what’s most important to her. She is an ambassador for the Alzheimer’s Society, and recently received an honorary doctorate from University of Salford.

SUZY WEBSTER
My Home Life
Suzy Webster has a passion for promoting good practice in care homes for older people through the My Home Life programme and is privileged to work alongside residents, relatives and staff to share their experiences informing the wider public of the many great things happening in care homes around Wales. Suzy's specialist area of dementia care is informed by the moment to moment care of her mum who lives with young onset dementia in their multi-generational home. Meal times are always the best times in their home!

JULIAN WEST
Royal Academy of Music
Julian West has combined a career as an oboist with developing ground-breaking creative engagement for the NHS and in community development. Cecilia now represents older peoples’ care. She has worked in local authority social services, on patient and public involvement positively and creatively challenging current thinking in order to develop new and improved policy, working practices and influence high level nursing and multi-disciplinary practice to a maximum potential that focuses on person centred care. Danni leads, influences and provides consultations within a multi-disciplinary environment and engages in the research process in order to influence care according to best practice.

TOBY WILLIAMSON
Mental Health Foundation
Toby Williamson is working at the RSAS part time for a year, on secondment from the Mental Health Foundation, a UK social research, service development, information and public affairs charity. He joined the Foundation in 2002 and since 2007 has been responsible for the Foundation’s programme on mental health in later life, dementia, and mental capacity. He has published extensively and is currently co-authoring a book on values-based practice and dementia. Before joining the Foundation Toby worked in and managed a variety of community based services for people with severe and enduring mental health problems. He has family experience of dementia.

ELIZABETH WILLIS
Guy’s and St Thomas’ NHS Foundation Trust
Elizabeth Willis is a Dementia and Delirium Clinical Nurse Specialist at Guy's and St Thomas' NHS Foundation Trust. Prior to this role she completed a Masters in Advanced Care in Dementia at Kings College London, where she supported the Health Innovation Network South London on their Social Return on Investment evaluation of Peer Support Groups for people with dementia for her Masters dissertation. Beth has a background in older persons and general medicine nursing.

CAROLINE WOODCOCK
Bupa
Caroline Woodcock is an RMN and has been an Admiral Nurse working within Bupa care homes since October 2013, based in the South Coast region. She started her career working as a Staff Nurse on an acute assessment ward for older people. Caroline became a Senior Community Mental Health Nurse in 2009 within the Older Persons Directorate working with people experiencing both functional mental illness and those with memory problems. Within her current role, Caroline spends time working with care staff in order to encourage good practice and support residents living in our care homes and their relatives.

DANNI WOODS
Wesley Hall Hospitals
Danni takes a central role in the output of positive dementia epistemology and how this is implemented within the Trust and larger geographical area. This involves positively and creatively challenging current thinking in order to develop new and improved policy, working practices and influence high level nursing and multi-disciplinary practice to a maximum potential that focuses on person centred care. Danni leads, influences and provides consultations within a multi-disciplinary environment and engages in the research process in order to influence care according to best practice.

BEBRBARA WOODWARD-CARLTON
Alzheimer’s Society Research Network
Barbara’s interest in research into dementia began when her mother received a diagnosis of Alzheimer’s disease. As a member of Alzheimer’s Society Research Network, Barbara has enjoyed the privilege of involvement with various research projects including FITS (focused Intervention, training and support); WHEL (Improving well-being and health for people with dementia), the Alzheimer’s Society’s Doctoral Training Centres at the Universities of Bradford and Newcastle, Delirium and Cognitive Impact in Dementia (DELIC IDE) and the University of Newcastle; Supporting Excellence in End of Life in Dementia via an integrated care pathway (SEED programme). Barbara was also lay member of The Ministerial Group on Dementia and The Prime Minister’s Research Champion Group on Dementia.

CELICIA YARDLE
Parkinson’s UK
Cecilia co-ordinates Parkinson’s UK’s partnerships on dementia and end of life care. Before joining the charity in 2012, she worked on the national reconfiguration of paediatric cardiac services for the Children's Heart Federation. Her 20-year career in the third sector includes policy, campaigns and information projects on bowel cancer, language loss after stroke, and older peoples’ care. She has worked in local authority social services, on patient and public engagement for the NHS and in community development. Cecilia now represents Healthwatch on a Health and Wellbeing Board in Kent.

HELEN-CARA YOUAN
Imperial College London
Helein-Cara Younan is a 4th year medical student studying at Imperial College London. She is currently completing her BSc in Pharmacology and has a particular interest in novel targets and therapies in Alzheimer’s disease. She is currently investigating the appropriateness and safety of novel oral anti-coagulant agents in the elderly at Chelsea and Westminster NHS Foundation Trust. An element of this project focuses on counselling patients with cognitive impairment and their carers on these agents. She hopes to pursue a career in geriatric medicine.
**SPEAKERS’ ABSTRACTS**

**WEDNESDAY 2 NOVEMBER**

**08.30-09.15 EARLY BIRD SESSIONS**

Lesley Jones & Lucy Lewis, Greater Manchester West Mental Health NHS FT [EB1.1]

**Pain assessment and management in dementia**

Recent years have seen an increased focus and awareness of pain and dementia. Yet despite this, people with dementia remain at increased risk of having their pain under-assessed and undertreated (Zwakhelen et al 2009). Reasons for this include dementia-related factors such as loss of communication ability and pain being manifested in the form of behaviour, for example agitation, and health professional related factors such as reduced knowledge of the ways pain can manifest in dementia and lack of knowledge regarding pain management (McAuliffe et al 2012). This presentation will report on a practice development project which aims to develop knowledge and practice regarding the assessment and treatment of pain in people with dementia. This initiative is a collaborative approach and seeks to bring together clinical and academic knowledge. The project is unique in that it is exploring pain and dementia within specialist mental health dementia wards, whereas previous studies, developments, and pain assessments have focused upon people with dementia in nursing homes or acute hospitals. The presentation will report on the progress and results of the project and how challenges that were encountered have been overcome.

Dr Amanda Thompsett, South London and Maudsley NHS FT [EB1.1]

**Brief review of the relationship between oral health and dementia with best practice tips**

The mouth is the window to the body and maintaining good oral health brings benefits of improved self-esteem, dignity, social integration, nutrition, hydration, patient safety and reduced length of stay. This presentation will review the benefits and importance of oral health and then briefly summarise a review done of the literature on the relationship between oral health and dementia. The presentation will then run through an update on the NICE guidelines on oral health in care homes published in July 2016. The rest of this brief presentation will concentrate on the practicalities of achieving good oral hygiene for people with dementia including equipment needed and practical tips on how to achieve this. Finally the presentation will end with showing you the simple oral assessment documentation that we have developed for staff to aid in the process of achieving good oral care along with some sample care plans.

Jörg Roth, My Life Films [EB1.2]

**Using biographical films in dementia care**

My Life Films is a small charity that produces biographical films for people with dementia. We will outline our filmmaking process, its benefits and the research into the ways pain can manifest in dementia and lack of knowledge regarding pain management (McAuliffe et al 2012). This presentation will report on a practice development project which aims to develop knowledge and practice regarding the assessment and treatment of pain in people with dementia. This initiative is a collaborative approach and seeks to bring together clinical and academic knowledge. The project is unique in that it is exploring pain and dementia within specialist mental health dementia wards, whereas previous studies, developments, and pain assessments have focused upon people with dementia in nursing homes or acute hospitals. The presentation will report on the progress and results of the project and how challenges that were encountered have been overcome.

Edana Minghella, independent consultant & Barbara Stephens, Dementia Pathfinders CIC [EB1.2]

**Dance for Life: evaluation of a professional dance intervention for care home residents with dementia**

This presentation describes findings of an evaluation of ‘Dance for Life’, a project jointly established between Dementia Pathfinders and Matthew Bourne’s New Adventures & Re:Bourne. Dance for Life brought professional dancers to work with residents with dementia in two care homes in London and Surrey, with different profiles, including differences in the severity of residents’ dementia.

Debbie Carroll & Mark Rendell, Step Change Design Ltd [EB1.3]

**“Why don’t we go into the garden? Workshop focusing on care culture to help explain current engagement levels for residents with their outside spaces”**

Garden designers and other outside specialists risk providing the wrong level of support to their care setting clients if they do not fully understand the actual care culture in operation. This was the key finding from a research project we carried out in 2013 into why gardens around care settings were not being used more actively, even when they appeared to meet the latest design guidance. We expected to find the answer in the outside spaces around the care settings in our study but the evidence trail led us back indoors: into the practices, habits and attitudes of the care settings themselves. The answer to our question lies in the care culture of the care setting and not in the design or condition of the garden. This is problematic as ‘culture’ can be hard to identify by those who are a part of it, particularly in complex and changing work environments such as care settings. So rather than write a thesis about our findings, we decided to create a graphic Map tool and arranged the care practices and procedures we observed in our research project along a care culture spectrum (towards practices we identified as ‘Relationship-centred care’ at the top). By making care practices explicit, the Map tool helps to create a dialogue between care setting staff to establish their current care practices, procedures and capabilities. It ensures that outside support to develop the garden is aligned with the care setting’s current identified care culture so that it is provided in a cost-effective way to help residents engage more actively with the outside space. Our workshop introduces the Map tool and explores the care culture spectrum we identified, the range of approaches to Health and Safety we observed, and key factors that help and hinder increasing engagement with the outdoors.

Jackie Pool, Affinity Training Ltd [EB1.4]

**Moving on from person-centred care planning to enriched care reporting – providing the evidence COC inspectors are looking for**

Person-centred care is now a well-understood concept in dementia care, building on the early work of Professor Tom Kitwood and the University of Bradford, School of Dementia Studies to an expectation by commissioners and regulators that this is the basis of all dementia care plans. But how do we know that these plans are being put into everyday practice? COC Inspectors are visiting care settings looking for evidence of care or treatment that is personalised specifically for them (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9). This means that they are looking for evidence that “providers are doing everything reasonably practicable to make sure that people who use the service receive person-centred care and treatment that is appropriate, meets their needs and reflects their personal preferences, whatever they might be”. Many care settings have good care plans and are, in fact delivering high quality, innovative person centred care but unfortunately have no systems for recording this and therefore not providing the evidence that COC is looking for. The presenter will describe a framework for addressing the regular and frequent recording of person-centred care actions that enrich the lived experiences of people with dementia. The session will offer ideas for improving the language used that will reflect more accurately the person-centred focus rather than the use of short hand language which appears to describe a task focused approach. In addition to providing the evidence that COC Inspectors are looking for, this framework supports care workers to be valued for their work and supports individuals to live well with their dementia symptoms.

Malcolm Burgin, Alive! Activities [EB1.5]

**Sounds Alive! Creating music in the moment**

There is something inherent in music that continues to reach people even when their journey with dementia seems to have taken them far out of reach. The Sounds Alive! workshop offers participants the opportunity to engage in creative and largely spontaneous music making in a socially supportive environment. These sessions are based on the Lifemusic methodology which arises from the standpoint that ‘everyone is a musician’ and that ‘there are no wrong notes’. During this workshop we will explore structures that enable a group to create uniquely individual pieces and hope to demonstrate that, whatever our perceived musical ability, when given the opportunity, we really are all musical.

Sara Wilcox, Pathways through Dementia [EB1.6]

**Assessing mental capacity – who decides?**

The Mental Capacity Act has not been widely implemented (findings of the House of Lords Select Committee March 2015) therefore we need more discussion and debate around the key areas of this legislation in order to pique the interest of people living
with dementia and those professionals who are supporting them. This workshop will focus on the issue of mental capacity - how we identify someone who may be struggling to make an important decision that has far reaching consequences for their life, who can support them in making that decision, and who ultimately decides on areas such as ability to manage money, get married, consent to sex, and drive a car. These are emotive areas in which the Court of Protection often has a role however, until people have encountered the Court they are often under confident talking about or advising on its purpose and the way the Office of the Public Guardian (OPG) acts on its behalf. This interactive session will cover the work of the court and OPG, provide case studies, and encourage questions and debate around capacity issues. Bring your own experiences with you and let’s make sure that this vitally important piece of legislation receives the coverage and use it was designed for.

09.40-11.30 PLENARY SESSION

Keynote Speakers:
- People with dementia and carers from DEEP (Dementia Engagement and Empowerment Project) groups and tide – together in dementia everyday
- Professor Sube Banerjee, Professor of Dementia and Associate Dean at Brighton and Sussex Medical School, and Director of its Centre for Dementia Studies
- David Mowat MP, Parliamentary Under Secretary of State for Care

12.00-13.10 PARALLEL SESSIONS 1

1.1 STAFF DEVELOPMENT IN CARE HOMES

Professor Claire Surr & Cara Gates, Leeds Beckett University
The What Works? study 1: What does existing research tell us about effective dementia training and education design and delivery?

The need for an informed and effective dementia care workforce is well documented. However, identifying the components of effective education and training programmes for this heterogeneous workforce is complex. This Department of Health Policy Research Programme (DH PRP) commissioned on behalf of Health Education England aims to understand what effective education/training for the dementia workforce looks like. This paper will present the findings of an evidence review, which aimed to establish what is already known about the most effective approaches to dementia training and education for staff working in health and social care settings. The review used an approach called Critical Interpretive Synthesis. We analysed papers by looking for common themes and issues related to training approaches, using Kirkpatrick’s four levels for the evaluation of training interventions: staff reaction to training, knowledge gains, changes to behaviours or practice and outcomes or results. There were 152 included papers, which used varied methods and was of varying quality. Training most likely to produce positive results, included small group activities with opportunities for discussion; was delivered by a skilled and experienced facilitator; was one day (or 8.5 hours) or more total duration, with individual learning sessions of at least two hours; was directly relevant to the role and service setting of learners, rather than a one-size-fits-all programme; and combined theory-based learning with the opportunity to implement this in practice. Training least likely to produce positive results: involved use of in-service learning without a theoretical component; and involved learning solely via reading materials (either in paper or web-based format). The evidence suggests certain approaches to training and education may be more or less likely to be effective in leading to: positive reactions from learners; improvements in staff knowledge; changes to staff behaviours or practices; and improved outcomes for people with dementia, families and staff.

Sarah Smith, University of Bradford
The What Works? study 2: assessing the extent and quality of dementia education and training in England

There is some evidence that dementia education and training can improve knowledge, skills and attitudes towards caring for people with dementia. Less is known about what constitutes effective dementia education and training, and some education and training programmes appear to lack efficacy. Through two national online surveys we sought to find out about the extent, design and form of dementia education in England. The first survey was directed towards educational leads in care providing organisations and education and training providers (including acute care, mental health, primary care and social care) and was designed to find out about the level that training has been provided at (i.e. (i) dementia awareness training, (ii) in-depth dementia education and training or (iii) dementia leadership training) as well as how it is delivered. The first survey was directed towards educational leads in care providing organisations and education and training providers (including acute care, mental health, primary care and social care) and was designed to find out about the level that training has been provided at (i.e. (i) dementia awareness training, (ii) in-depth dementia education and training or (iii) dementia leadership training) as well as how it is delivered. The second survey was directed towards recipients of training packages that had been identified in the first survey, with a view to determining the impact of the training packages on the knowledge, skills, attitudes and confidence of staff. The surveys were disseminated as widely as possible using email and social media. The findings from the
two surveys provide an overview of the landscape of dementia training and education in England at the present time. We have been able to provide an overview of the degree to which the education and training reported meets the outcomes identified in the Dementia Core Skills Education and Training Framework, and the extent to which this relates to staff efficacy, knowledge and attitudes.

Jill Conroy, The Fremantle Trust

Revitalising a dementia qualification for care staff

The Fremantle Trust’s Education and Development Centre and Dementia Lead collaborated to revitalise how staff could be engaged in achieving an externally accredited dementia qualification. This presentation demonstrates simple changes that can be made to engage staff, enhance learning opportunities, and dramatically improve qualification success.

Michal Herz and Isabelle Latham, University of Worcester

Closing the gap: Training, care practice and organisational policy

A four days advanced course for leaders in care organisations. It was aimed at developing tools and skills to promote and sustain changes to the care home and ensure that policy and decision-making within the organisation is informed by a community of practice and thus supportive of frontline care and expertise.

1.2 CARERS AND FAMILIES

Jane Fossey & Alice Coates, Oxford Health NHS Foundation Trust

Investigating the effectiveness of a Cognitive Behavioural Therapy group for carers of people with dementia

The prevalence of anxiety and depression is high amongst carers of people with dementia. CBT-based interventions, delivered by a therapist, have been found to improve the mental health of carers. The present study aimed to investigate the effectiveness of a group CBT programme for carers of people with dementia in a routine NHS setting. Further, the study aimed to ascertain whether it was possible to roll out this programme, to a service in a neighbour county and NHS Trust, with comparable outcomes. The group programme consisted of 12 weekly sessions developed and delivered by the secondary care psychology service, with refinements being made from feedback from carers and psychology colleagues who facilitated the sessions.

Data of 282 carers of people with dementia who have been enrolled in CBT for carer groups across the two counties is provided. Data from 22 carers attending groups that were rolled out to an NHS trust in another county was also collected. Several measures were completed both at the beginning and end of the end of the group programme to assess change in the perceived levels of psychological distress experienced by the participants. In total, 220 carers of people with dementia completed the CBT for carers groups. Data was analysed using SPSS. The results highlight significant reductions in psychological distress in individuals who completed the CBT for carers group programme. Further, the results highlight that it is possible to roll out this programme to different contexts. The findings demonstrate the effectiveness of a 12 week CBT course for carers of people with dementia in reducing psychological distress. The findings also highlight the feasibility of the group programme and rolling out this format to different NHS trusts.

Karrie Marshall, Creativity In Care

Creative community practice project, to increase family care-givers’ sense of well-being and self-efficacy, in caring for relatives with dementia

Family care-giver susceptibility to physical and mental ill health due to stress is well documented (Beavan & Sternberg 2012). Social isolation (Brodsky & Donkin 2009) caused by decline in relative’s health, or sense of stigma is common. Recent government and NHS carer strategy reports and legislation highlight the need for family care-giver support, particularly as the country needs families to provide a large part of community care. Understanding what family care-givers want, and whether diverse needs can be met is the subject of this paper. Highands SSDs Creative In Care (a community interest company) developed and delivered creative family care-giver courses in recent years. These were in response to needs expressed by carers, which included a course that has a respite element for the person being cared for. We used participatory arts to support relationship building and provide a) a buffer for highly sensitive issues, b) a sense of consistency throughout the course, and c) a shared focus that could also raise public awareness at showcase events. The arts-based framework (sculptures, books, dementia care guides etc) created a relaxed and safe space in which participants could voice their concerns and needs. Self-efficacy (based on Stefan et al 1999) and mental wellbeing (Warwick Edinburgh Mental Well Being Scale) were measured at the beginning and end of 12-week courses. Staff and carers maintained reflective journals. Each course ended with a public arts showcase event and day outing to follow-up progress in fun, supportive ways, which also inspired a sense of pride. Listening deeply, helped family care-givers feel more resilient. Courses needed to be a mix of dementia care facts with topics raised by the participants. Meeting diverse needs required diverse approaches.

Catherine Gamble & Nwakuru Nwaogwu, Health Innovation Network

‘Time to think about you.’ Promoting carers of people with dementia to think about and prioritise their own health

700,000 family members and friends are unpaid and care for people with dementia in the UK (Alzheimer’s Research UK 2015). It is well known that the physical and mental health of dementia carers can be affected by the caring role (Carers Trust 2014; Alzheimer’s Research UK 2015) and carers are spending more time in the role each week and are neglecting their own health and employment development (Health and Social Care Information Centre 2015). Yet, despite this understanding no definitive instrument exists to outline what could facilitate communication between dementia carers and health care professionals. A framework would not only guide communication but also make carers’ needs explicit and help health professional signpost appropriate support services and resources. This paper reports on the development of a co-produced tool to support and facilitate communication between dementia carers and health care professionals working in primary care, and help carers think about and prioritise their own health needs. A systematic approach commonly used in developing health outcomes measurement was used, starting with a comprehensive literature review to examine existing evidence around recommendations and good practice in the area of supporting carer health and then, contacting local councils, clinical commissioning groups and the voluntary sector to see what current support existed for carers. Initial learning from this review was then presented in focus group consultations with carers trust representatives, dementia carers with a mix of current and previous caring experience and carers centre leads. This stakeholder input helped map out the important themes and design concepts. Lastly a content validity study with key stakeholders helped refine and revise the ‘Time to think about you’ card. This is being piloted in selected carer centres and the views of GPs and relevant professionals such as dementia navigators is being collated to further refine the tool.

1.3 CARE HOMES – RECOGNISING DEMENTIA

Amanda Buttery, Health Innovation Network

Dementia awareness training in care homes using ‘Barbara’s Story’ improves workforce confidence in delivering care

The National Dementia Strategy in England highlights the need for an effective and skilled care workforce. In 2014, the London Dementia Strategic Clinical Network published the Guide to Dementia Training for Health and Social Care Staff citing ‘Barbara’s Story’ as an example of good practice in dementia awareness training. This innovative and award winning group-based training programme, developed by Guy’s and St Thomas’ NHS Foundation Trust (GSTT), includes a short film about a woman called Barbara. We aimed to determine whether ‘Barbara’s Story’ training was suitable to raise dementia awareness among the care home workforce. Residential and nursing homes in three South London boroughs were offered ‘Barbara’s Story’ training (1.5 hours duration). Training was delivered in care homes using three approaches: i) delivered by GSTT Dementia and Safeguarding Adults Trainer, ii) delivered by hospices nurses, iii) delivered by care home employees. A total of 29 homes (14 residential, 10 mixed, 5 nursing) participated and 33% (541/1624) of all care home staff completed ‘Barbara’s Story’ training. Before and after training questionnaires were returned by 69% (479/541), mainly from those trained by the Dementia and Safeguarding Adults trainer (64%: 305/479) and hospice nurses (36%; 174/479). Despite many people reporting they were reasonably confident before training, there was a significant increase in the proportion of people rating themselves as “totally confident” following training. Confidence improvements related to: i) recognising dementia, ii) communication, iii) person-centred values, iv) understanding needs of people with dementia, v) caring for someone with dementia, vi) using a person’s life story to support care and vii) supporting eating and drinking. In conclusion, ‘Barbara’s Story’ raised awareness about dementia in care homes, increased care workers’ confidence and contributed to care workers achieving the National Care Certificate.
Caring for people with dementia with Lewy bodies and Parkinson’s dementia in UK care homes

There is little known about the prevalence and care needs of people with dementia with Lewy bodies and Parkinson’s dementia in care homes. These are complex conditions with particular issues around providing good quality care. This study sets out to estimate the prevalence of these conditions and to establish the care staff’s knowledge about them, using a survey of care home managers and interviews with key staff members. The prevalence of dementia in the homes involved with was estimated to be to be 57%, with 7.4% of those with dementia having dementia with Lewy bodies and 4.1% having Parkinson’s disease dementia. In spite of these conditions being relatively common, staff felt they were poorly equipped in terms of knowledge and training to provide for their specific needs. This study demonstrates a need for specific training and an increased awareness of these conditions.

1.4 PREVENTING HOSPITAL ADMISSIONS

Barbara Woodward-Carlton, PPI, Professor Katherine Froggatt, Lancaster University & Alex Feast, University College London

Bradford University Symposium: Reducing avoiding hospitalisations from care homes. This symposium will describe an NIHR-funded programme grant investigating early detection and management of health changes in care homes. The symposium will be chaired by Professor Murna Downs (University of Bradford). Individual talks will focus on how the input of family carers has shaped the programme (Barbara Woodward-Carlton, PPI); our approach to implementation (Professor Katherine Froggatt, Lancaster University) and developments on our feasibility study (Alex Feast, University College London).

1.5 YOUNG DEMENTIA

Anna Eden, Young Dementia with Jo Bennett and Claire White from the EDUCATE group, Stockport

Celebrate & Educate, being informed, being inspired

EFID, European Foundation’s Initiatives in Dementia funding enabled members of YDUK from Oxfordshire and EDUCATE from Stockport to come together in different ways over a period of a year. People living with dementia with their supporters visited Oxford and Stockport to celebrate their achievements with exhibitions, film, poetry, music, theatre and discussion, to share their experiences and learn from the each other. Support for people with young onset dementia across the country has been developed very differently. This was an opportunity to share that difference and to learn and be inspired.

Andrea Mayrhofer & Elisabeth Mathie, University of Hertfordshire

Involving individuals diagnosed with young onset dementia as PPI representatives: an interesting journey

Background: In the UK 5% of people living with dementia have been diagnosed with young onset dementia (YOD). Young onset refers to a diagnosis received under the age of 65. Their needs are significantly different from those of older people living with dementia. This study aimed to establish what is known about services for this group, and public and patient involvement (PPI) of people living with the condition was an important aspect of this project. Aims: The aim of this presentation is to reflect upon how PPI processes influenced the study. Methods: PPI involvement was sought to inform the review of the systematic literature, comment on findings, contribute to the design of questionnaires for service provides and engage in the dissemination of findings. PPI representatives were recruited via a charity that supports people diagnosed with YOD. Results: Although the National Research Ethics Service (NRES) does not recommend to use consent forms for PPI representatives, the charity thought that this was appropriate as individuals had a dementia diagnosis. This meant that a Research Ethics Application had to be made to the University’s Research Ethics Committee for what was essentially a systematic review of the literature informed by PPI. Discussion and conclusion: Involving people with YOD as PPI representatives reveals another layer of gatekeeping and protection that has to be negotiated to enable people living with dementia to have a voice in the research and in services and/or service design concerning them. The significance of the findings lies in the recognition that some of the procedures currently in place to protect vulnerable people may prevent or delay involvement of the very groups in wider society that researchers are trying to involve. Limitations: Requirements governing recruitment of vulnerable people as PPI representatives may need to be negotiated on a case to case basis.

Gillian Drummond & Catherine Riley, Greater Manchester West Mental Health NHS Foundation Trust

The Grub Club – Developing an early onset dementia dining club

Dementia is a complex and long-term condition that sadly continues to be stigmatized especially within the general population and communities where people with dementia live. For some people, living well with dementia is a challenge and with a lack of support can be disabling and life limiting. Many of the services that exist for people with dementia are based on the needs of an older population based primarily on the fact that advancing age increases the likelihood of developing dementia. However, there are a number of people who are much younger who who have a diagnosis of dementia. The importance of a fulfilling social life and engagement is viewed as being a crucial part of improving the quality of life of people living with dementia, but people with early onset dementia all too often report on how isolated a dementia diagnosis makes them feel. This proposal will share our experiences of setting up and facilitating a new, innovative and multifactorial support group and therapeutic dining club for people with young onset dementia living in Salford. The aim of this group will promote peer support within a normal day to day social activity that living with dementia can compromise, dining out. The project not only offers invaluable support to people with early onset dementia by the provision of invaluable peer, social support and healthy promotion but also continues to enhance the Dementia Friendly Salford work that our organisation is already a key part of by promoting a network of dementia friendly restaurants in the local area.

Zoe Elkins & Emma Sadler, The Good Care Group

Developing a live-in care service for people living with young onset dementia

There are approximately 42 325 people with young-onset dementia in the UK. Provision of services presents a unique challenge because the majority of dementia care remains focused upon the needs of older patients. Lack of resources and absence of policy targeting the rights and needs of a younger population compound the issue. A recent survey found that most respondents reported that younger people with dementia had no access to age-appropriate local-respite (66%) or long-term (89%) care. Our aim was to develop a live-in care service available to younger people with dementia. We hypothesised that this model may be advantageous to younger people with dementia due to the one-to-one staffing model, the importance of familiarity, identity, privacy and family which may be better maintained in the home, and the lack of age appropriate institutional care for this group. We explored the challenges of maintaining confidentiality and information sharing in the context of working with people with YOD. We learned about whole family working and the importance of caregiver needs assessments. The role of a Consultant Admiral Nurse in working with and supporting families was identified as critical. We developed robust ways of working with multi-disciplinary teams. We reviewed our care pathway and made fundamental changes for people with YOD based on the pilot findings. We explored the different challenges that people with YOD and their families face and how this can result in an
emotionally charged environment. We learned about the optimum profile for a live-in carer to thrive and make a positive difference in this environment. People with YOD and their families require a unique person-centred approach to care delivered by highly skilled teams led by experts. The development of a bespoke, sensitive and flexible care pathway for live-in services offers people with YOD a real alternative to institutional care.

1.6 LGBT ISSUES IN DEMENTIA CARE

Sally Knocker, Dementia Care Matters, Trish Hafford-Letchfield, University of Middlesex & Neil Chick, London Borough of Islington

Nobody’s business is everybody’s excuse – feeling safe to be yourself.

Positively supporting people living with a dementia who are lesbian, gay, bisexual or trans

Many of us who are gay, lesbian, bisexual or trans have faced some struggles to be accepted for who we are. We will have experienced feeling different and sometimes feeling unsure about whom we can trust. If we develop a dementia, our sexuality is not just who we love but defines core aspects of what’s important to our wellbeing. This session invites us to explore how we can create truly inclusive and welcoming services.

Substantive political, legislative, policy and social change to the rights of Lesbian, Gay, Bisexual, Transgender, (LGBT) people in the UK have softened public attitudes and generally increased their visibility. It is estimated that between 871,045 -1,219,470 of the LGBT population in the UK are over 65 (Age UK, 2013) and we know much less about the ageing trans population. Research on older LGBT people’s experiences indicates that they are an invisible and marginalised group within care services and their life-stories and relationships are frequently overlooked by care providers. Moving into long-term care can be an isolating and fearful experience and this is compounded for those living with dementia and their carers. Having access to external advocates is highly important for wellbeing, dignity and safety in care homes. This workshop will explore some of these issues with reference to a pilot practice initiative to enhance the inclusion of older LGBT residents through LGBT community members providing advice and support to develop more appropriate services. Through the experiences of 2 project members, workshop participants will be invited to explore the issues for older LGBT people living with dementia through their own practice environments and have an opportunity to consider how the assessment and development tool developed for this project can be used to promote greater awareness and support for LGBT people with dementia.

1.7 WORKSHOP: INVOLVEMENT

Nada Savitch, Innovations in Dementia, Keith Oliver & other members of the ALWAYS group

Workshop: What does living with dementia mean? Learning from people with dementia and carers through the IDEAL study

Recent government policy has prioritised living well as a goal for people with dementia and their carers. However, there is no clear definition of what it means to ‘live well’ and no clear understanding of the full range of factors that might influence the ability of individuals and families to live well. There has been some work on quality of life and quality of care but these measures do not capture all the elements involved. The IDEAL study (www.idealproject.org.uk - Improving the experience of Dementia and Enhancing Active Life) led by Professor Linda Clare at the University of Exeter and funded by ESRC and NIHR aims to find out what factors influence how people with dementia and carers are able to live well, how changes over time affect people’s ability to live well, and what people with dementia and their carers believe help or hind the possibility of living well. People with dementia and carers are central to this project. The ALWAYS group - a group of people with dementia and carers supported by Innovations in Dementia and Alzheimer’s Society - have shaped and contributed to the methodology and the project as a whole. This project is less than half way through and analysis of the data has not yet started. However, the success of this project lies with the dissemination of its findings to people with dementia and those who provide care, support and services. People with dementia and carers from the ALWAYS group will lead a discussion about what it means to live with dementia. The discussion will help to shape the ways in which findings from the study will be disseminated both to policy makers and also to people with dementia and their families and friends.
Digital transformations of the last few decades are leaving behind many older adults who, for reasons ranging from accessibility issues to work biographies to personal preference, are less likely to engage with digital technologies. The Tangible Memories project is an AHRC-funded collaboration between a team of Bristol University researchers, care home residents who included people living with dementia, care staff, local artists, and Alive! - a Bristol-based charity with expertise in facilitating interactive sessions with touchscreen technology for older people living in care. The project piloted and co-produced new digital resources for gathering and sharing oral life histories, with and by people living with dementia, including a new app. The aims of the Tangible Memories project were: to creatively experiment with new ways to create ‘community’ in care home settings; to explore the potential of tangible objects and digital technologies to create new ways to collect and share life stories; to explore ethical issues that arise when oral life histories are made digital and placed in tangible artefacts; to contribute new methods to both life story work and the creative practice of practitioners in care homes; to work with older adults and better harness digital technologies so that their cultural memories and insights enrich our collective histories; and to push forward creative practice in computer sciences and digital arts.

The project took place in six residential and day care settings with residents and service users including 30 people living with dementia. The project produced a range of objects and a new app, all flexible enough to enable individuals regardless of the particular stage of their dementia journey, to connect to aspects of their lived experience in meaningful, enjoyable ways and to share and connect with others. The Tangible Memories Story Creator app is available free on the App Store.

Phil Joddrell, University of Sheffield

**Acto Dementia: Identifying accessible touchscreen apps for people living with dementia**

The need for meaningful activity is reported as a priority for people with dementia both living at home and in care services. Technology is commonly used to facilitate activity and entertainment in the general population, yet its application in dementia care is mostly to provide an ‘assistive’ function, often where the person with dementia is not the intended user. Devices featuring touchscreen interfaces, such as tablet computers, are considered to be intuitive and there is growing evidence that people with dementia are able to use them. The challenge is in identifying suitable and accessible applications (apps) on these devices. Original development is one option, but the benefit to using existing software is that there is greater choice and availability and any risk of stigmatisation is avoided. The Acto Dementia project is focussed on (1) identifying key features within touchscreen apps that increase their accessibility for people with dementia; (2) developing a shareable framework that can be used to find existing ‘dementia-friendly’ touchscreen apps; (3) working with app developers to improve the accessibility of existing apps for people with dementia; and (4) creating a website to share app recommendations and support guides for people with dementia or people in a supportive role. The results of this ongoing project have so far indicated that collaborative working between people living with dementia, researchers and developers provides an opportunity for making ‘dementia-friendly’ apps widely available in a relatively short time-frame.

**2.3 SYMPOSIUM**

Ruth Eley, Life Story Network, Adedoyin Abimbola, Merseycare NHS Trust, Rita Lee & Di Burbridge, Chinese Well-Being

**Inclusion and diversity: working with BAME communities in Liverpool to reduce stigma and isolation**

This series of linked presentations will illustrate the work of the diversity sub group of the Liverpool Dementia Action Alliance. We will present three integrated projects. 1) the role of the Dementia Champions working in the Chinese, Somali, Arabic, African and Faith communities in Liverpool; 2) the making of short films within these five communities, demonstrating that it’s ok to talk about dementia. These films were funded by a grant from DEEP and aimed to reduce stigma and dispel cultural myths about dementia; 3) the Tea House Reminiscence initiative within the Chinese community that along with the production of a film has led to the development of a Chinese peer support network for people living with dementia; it is based on tea houses in Hong Kong and China. The symposium will include the showing of the films and the opportunity for participants to share learning from their own practice.

**2.4 ACTIVITIES IN CARE HOMES**

Jude Sweeting & Ben Neale, Ladder to the Moon

**Reflecting on the first year of Outstanding Activities: equipping ‘Activities’ leaders to be key drivers for a creative culture in dementia care**

Ladder to the Moon has an aspirational name. The ‘moon’ we are heading for is one where all care services are creative, innovative and exceptional, with vibrant, active and personalised opportunities for older people, including those living with dementia. Our programmes help support staff to achieve this aim, one rung at a time. Creative attitudes and culture are at the heart of the CQC requirements for Outstanding services. There is a need for a whole service approach to life enrichment. Activities staff can often feel isolated and unsupported by colleagues and so struggle to provide activities that engage a wide range of clients on a daily basis, particularly those living with dementia. Ladder to the Moon wanted to equip activities leaders to be key drivers for a creative culture in dementia care services. To provide them with ongoing support and development with the following aims: 1) Creative and innovative approaches to person-centred activity, 2) Reflection and refreshment with peers, 3) Create leaders who involve colleagues and foster a culture of enjoyment of life which all the staff contribute to, and 4) Improve the quality of life for residents including those living with dementia and at risk of social isolation. In response to these aims, we developed the Outstanding Activities programme, which began in April 2015, and is ongoing. We will be sharing the successes and challenges of the first year of this programme from the perspective of facilitators, participants and commissioners, and how the work was inspired by the possible outcomes of resourcing staff with the resources and soft skills to deliver creative and innovative approaches to personalised social engagement, and how this looks in practice.

Suzanne Mumford, Care Prepared & Rachel Mortimer, Engage & Create

**The effectiveness of training staff to use The Daily Sparkle’s reminiscence newspaper and resources to improve engagement and occupation for care home residents**

There is increasing evidence that older people living with dementia in care homes are at high risk of social isolation and access to activity and occupation that is meaningful to them. The therapeutic benefits of reminiscence on health and wellbeing are well evidenced but this knowledge is insufficiently applied in practice. In their 2008 study, Harmer and Orrell acknowledge the importance of reminiscence, “but there appeared to be little understanding of its value”. The Daily Sparkle is a reminiscence newspaper used in many residential and nursing homes in the UK. Independent market research in 2015 identified that where a whole home approach to using The Daily Sparkle was adopted resident engagement significantly increased. Consultation with activities coordinators identified that there was insufficient knowledge and understanding of maximising the use and benefits of The Daily Sparkle, therefore a bespoke training was created to develop staff to use The Sparkle and associated tools and resources more fully, to improve engagement through meaningful occupation and activity. This study evaluates the effectiveness of the training to address the following questions: Does The Sparkle training improve staff confidence to engage and meaningfully occupy people with dementia using The Daily Sparkle? Does the training increase the use of The Daily Sparkle’s resources by the wider care team? Does the training save activity coordinators time in planning by using The Sparkle’s planning tools and ready to use resources? This study offered an opportunity to explore and address barriers to a ‘whole home approach’ to activity, and ways to engage the wider team using The Daily Sparkle for reminiscence and cognitive stimulation therapies. The measurement of the impact of using both qualitative and quantitative data to reflect changes in levels of engagement and the links to quality outcomes including the Care Quality Commission ratings.

Judith Bowler, Alzheimer’s Society & Jane Souyave, University of Central Lancashire

**Positive connections: the Fidget Widget toolkit – collaborative design and evaluation of an intervention for people in later stage dementia**

This collaborative project, jointly funded by Alzheimer’s Society and the University of Central Lancashire combines design expertise and direct experiential knowledge of working with people with dementia (PwD) and caregivers on a daily basis. It is reported that people with dementia often experience periods of restlessness, Kithwood (1997) suggests that this may be due to unmet needs, however Cohen-Mansfield (2014) states the behaviour itself may be alleviating the need. In response, we designed and developed “Positive Connections”, an innovative intervention focusing on repetitive movements using “The Fidget Widget™ Toolkit”, that supports these behaviours. The aims of the study are to enhance wellbeing for both people with dementia and their caregivers, who sometimes find these behaviours challenging; to de-stigmatising fidgeting and provide a new opportunity for engagement and connection. The design and production of this...
meaningful activity was aesthetic, ergonomic and not childlike in appearance. The Toolkit comprises 10 smooth, wooden widgets, each designed to stimulate a single repetitive action - push, pull, shake, slide, spin, turn, twist, pick, flick and press. We tested the intervention with 20 participants (10 people with dementia, 10 caregivers) who were affected by later stages of dementia. Methods of investigation involved initial and final agitation inventories, observations, questionnaires and video-recordings. Our findings were encouraging with results capturing a positive response as regards the use, interaction, ergonomics and aesthetic appearance. The “Fidget Widget!” name, design and uniqueness of the toolkit promoted many positive discussions around fidgeting being more acceptable. Comparisons of the initial and final inventory results and evidence from the case studies showed an overall increase in the positive effect and decrease or maintenance in the degree of disruption. This demonstrated that the toolkit was an effective intervention in providing increased wellbeing for all involved.

2.5 CARERS AND FAMILIES

Stephanie Daley, Sussex Partnership NHS Foundation Trust
Factors which influence quality of life in family carers of people with dementia

Background: The principal objective of the C-DEMQOL study is to develop a condition-specific questionnaire to measure the QOL (Quality of Life) of family carers of people with dementia. The first stage of the research includes a qualitative study, which aims to define the factors influencing QOL in family carers of people with dementia.

Methods: In-depth individual interviews were undertaken with 32 carers of people with dementia, as well as 9 staff working in dementia services. The initial findings were revised following presentation at two focus groups, one with carers and one with Admiral Nurses. Interviews and focus groups were analysed using grounded theory techniques. The qualitative study was underpinned by a collaborative research approach with a study-specific Live Experience Advisory (LEAP) group.

Findings: Three over-arching themes arose from the analysis: person with dementia, carer appraisal of the demands of care-giving and expectations & meaning. 1) Person with dementia included the rating by the carer of the relationship with and changes in the person with dementia as well as the burden arising from the demands of care-giving; 2) Carer appraisal of the demands of care-giving involved the subjective appraisal by carers of the demands placed upon them from caring for somebody with dementia which was influenced by: the sense of responsibility, degree of restriction, perceived impact of caring on health, evaluation of support, family & social networks and role conflict, and 3) Expectation and meaning included willingness and acceptance of the caring role, pride in caring achievements and views about the future.

Conclusions/Perspectives: These findings make a novel contribution to existing knowledge, and demonstrates that QOL of carers of people with dementia includes domains which are not routinely considered in routine assessment of QOL. This has implications for policy makers, researchers and service providers

Louise Marks, Carers Trust
Triangle of care – best practice guide to supporting carers of people with dementia

To present the findings highlighting the issues for older carers of people with dementia, what they wish they had known, and what it is that would make caring less stressful. The findings suggest that most people have not prepared or considered what caring may entail until the person they care for has a diagnosis or starts to deteriorate. Carers Trust will present the new factsheets as well as Triangle of Care for Dementia and The Road Less Rocky which can support professionals to work with carers in a more therapeutic way.

Claire Goodchild, Royal Surgical Aid Society
RSAS national resource centre for carers of people with dementia – what makes up the vision?

RSAS is in the early stages of developing an exciting new type of service to support family and friends affected by dementia. This will be in the form of a national resource centre for carers of people with dementia. It is envisaged the centre will provide information, support, courses, online and face to face access, and support carers to link with local services where they live. It is currently in the early stages of development and a central part of this phase has been collecting evidence and the views of carers, and other experts on what is needed, what works and what currently exists, as well as the gaps. RSAS is working with the Association of Dementia Studies at the University of Worcester, the Carers Trust and an expert working group of carers, people with dementia, practitioners, academics and other experts to gather these views and evidence. The presentation will hear about some of the evidence gathered (including a literature review produced by Worcester, published at: http://www.thersas.org.uk/experiences-needs-outcomes-carers-people-dementia-literature-review-2016/) and RSAS’s plans for the development of the centre. As members of the expert working group will be at Congress it is anticipated that they will contribute to the session as well. Because no such centre currently exists there is no blueprint, which makes it all the more exciting but also means that consultation, evidence gathering, market testing, transparency and credibility are crucial elements of the process. This session provides one way in which RSAS can address some of these elements and get feedback on what we are planning.

2.6 TRANSITIONS IN DEMENTIA CARE

Professor Alison Blenkinsopp, Courtney Shaw, Suzanne Hill and Paul Dowrandidh, University of Bradford

Transitions between care settings pose risks to continuity and safety of care for people with dementia, who often have co-existing health conditions and polypharmacy. This interactive workshop will focus on the safe use of medicines when people with dementia move between hospitals, care homes and their own home. We are very interested to share experiences of what goes right and why, as well as what goes wrong. Using a ‘speed dating’ format participants will have the opportunity to get involved in lively discussions with all our PhD students researching dementia care and transitions, and to bring along their questions about polypharmacy and medicines.

Facilitator: Professor Alison Blenkinsopp, University of Bradford. Table speakers: Courtney Shaw - Optimising the transition from home to hospital; Suzanne Hill - Medicines optimisation during and following transitions of care for older people with dementia living in care homes; Paul Dowrandidh - The contribution of Medicines optimisation to maintaining independent living for older people in the community.

2.7 WORKSHOP AND PERFORMANCE

Haylo Theatre and the EDUCATE group (people with dementia and carers), Stockport

Performance, film and workshop

Haylo Theatre’s ‘A decision to try’ is a performance that recognises the accomplishments of people living with dementia, accomplishments from the most small to the most grand. It is about recognising the individual and celebrating their achievements. This performance will be followed by short film by Educate showcasing their own achievements along with an opportunity for discussion. After working with Educate and using some of their stories Hayley Riley and Louise Evans of Haylo theatre wrote and directed ‘A decision to try’ as part of the ‘doing dementia differently’ at Stockport Plaza and again at this year’s Dementia Congress.

16.50-18.00 PARALLEL SESSIONS 3

3.1 DESIGN AND ENVIRONMENT

Jane Fossey, Oxford Health NHS Foundation Trust & Margaret Glogowska, University of Oxford

Evaluation of a programme of dementia-friendly environmental improvements in health and social care settings across Oxfordshire

‘Dignity Plus’ was a county-wide approach to improving care for people with dementia in Oxfordshire. A Department of Health (DH) funded programme aimed to assist care homes and hospitals to become ‘dementia friendly’ by making environmental changes. Twelve months after the completion of the building projects had taken place staff to identify barriers and facilitators to making best use of environmental changes and the changes which had been most useful to them over that period. Focus group methodology was used to obtain the views of the care home staff about their experiences. Transcribed focus group data was analysed using thematic analysis. Initial analysis of the focus group data indicated that the environmental changes implemented at the care homes had generally been well received by residents with dementia, their families and care home staff. Some changes were reported to improve residents’ choice of activities, of places to spend their time and consequently, their quality of life. The changes also extended opportunities for positive social interaction between staff and residents and their families. Changes which came about without staff understanding why they were being done or without their input sometimes took longer to become accepted. Other changes which had been contested among staff members but subsequently proved beneficial for residents had now become embedded in their practice. This paper provides important information about the longer term benefits of changed environments and reports the day to day experiences and adaptations made by people who live and work in care homes.
David Sheard, Dementia Care Matters
Quality of interior engagement in care homes matters

Over the last 10 years Dementia Care Matters has become well-known for its concept of ‘filling-up the environment’ in its Butterfly Care Homes. This has not been without its controversy in terms of its alleged potential to contradict dementia design ideas, to challenge Fire Services regulatory requirements and those advocating this concept has a lack of adherence with Inspection Control. Filling-up the environment has been misconstrued as clutter and rejected by people who miss the point when indicating their own homes are not ‘filled-up.’ Dementia Care Matters proposition is that we are not creating homes for ourselves but for people with a range of perceptual disabilities, at risk of boredom where emptiness prevents spontaneity and shuts people down. Emptiness in ‘homes’ becomes a metaphor for the emptiness that people living with a dementia are at severe risk of experiencing. When a persons’ world ‘comes in’ and this world is not re-filled up with closeness, objects and the ‘stuff’ of life, powerful subliminal messages are given which prevents people being reached and coming alive inside. The concept of filling-up environments continues to develop in Dementia Care Matters with the analysis of paint colours, specific objects and their frequency of use and these findings will be shared alongside the principle concept that if the quality of an interior is to really engage people then it needs to tell a story of peoples’ individual lives - an environment needs to become the voice of people living within it.

William McMorrann and Roland McMorran, Architectonicus
How are the most healthy care environments designed? Travelling the world in search of answers

Do you want to hear about the latest international innovations in care environment design and architecture?

William of Architectonicus will walk you through the most highly acclaimed care environments worldwide. You will learn about the pros and cons of different design philosophies for dementia care. How good care architecture responds to your care model, the setting, and the community context of your project. William will relate conversations with world leading professionals on how combining architecture and care can make a revolutionary difference in quality of life. We will look at findings from innovative care environments around the globe, including the effect upon long term cost efficiency, drug use, carer turnover rates and feedback from residents, family and friends engaging with the environments visited. William McMorrann, Lead Design Architect at specialist wellbeing, care and dementia design firm Architectonicus has been selected by the Winston Churchill Memorial Trust to be supported by their travelling Fellowship to travel and wellbeing, care and dementia design firm Architectonicus has been selected by the Winston Churchill Memorial Trust to be supported by their travelling Fellowship to travel and

3.2 ADVANCED DEMENTIA/CARE AT END OF LIFE

Nathan Davies, University College London
The development of heuristics (rules of thumb) to help aid practitioners make difficult decisions at the end of life for people with dementia

End-of-life care guidance for people with dementia is lacking and this has been made more problematic with the removal of the Liverpool Care Pathway. This guidance gap may be eased with the development of heuristics (rules-of-thumb). For example, a commonly used heuristic is ‘FAST’ to cue recognition of stroke symptoms. It stands for: Facial weakness, Arm weakness, Slurred speech, Time to call 999. This study aimed to develop heuristics to provide practitioners with a practical tool to make difficult decisions. Practitioners have more junior team members as well as an aid to talking through decisions with families.

Louise Ritchie, University of the West of Scotland
Dementia Palliare: a new positive practice approach to advanced dementia care

Advanced dementia can last many months or years. During this time, people with dementia and their family need to be supported by a qualified and confident care workforce, who are both evidence informed and supported to continually develop their practice. Workforce training, commitment to good quality continuing care and services for people living with dementia are World Health Organisation priorities. However, the reality is that research and training on advanced dementia is scarce, and focus on terminal stages and dying rather than on living well with advanced dementia. This highlights the importance, in the face of the rising incidence of dementia, for accessible education on advanced dementia, making use of modern technology, communication and networking to support learning in a virtual environment. The purpose is to present an overview of a European Union Erasmus + funded project, ‘Dementia Palliare’ which ran from September 2014 to 2016 and involved a partnership of seven European countries. Key findings from the literature review, in-depth case studies on the experience of advanced dementia care in the seven countries and an educational gap analysis will be presented. These activities informed the preparation of a European Best Practice Statement that provides a basis for professional to develop and improve advanced dementia care. ‘Dementia Palliare’ is a new positive practice approach for supporting individuals to live the best life possible and to sustain family caring. The online Community of Practice, which is a virtual space for professionals to share and learn from one another and the four modules on advanced dementia care will be presented. Each has the potential to equip qualified practitioners, such as doctors, nurses, allied health and social care professionals to champion change and achieve the delivery of best advanced dementia practice based on the Dementia Palliare approach.

Lindsey Collins, University of Bradford & Jane Chatterjee, St Gemma’s Hospice
Dementia Friendly Hospices: Embedding a sustainable model to develop skills, knowledge and confidence of hospice staff across Yorkshire and the Humber

Hospice UK is calling for hospices to make greater commitment to engage with people with dementia. Through a collaborative approach, experts in the field of dementia & palliative care developed a dementia care peer facilitator training programme, designed specifically to be relevant to hospices. In an initial pilot project, foundation and intermediate level person-centred dementia training was delivered over 5 days to 10 facilitators from 6 different hospices in the Yorkshire and Humber region. Topics included person-centred dementia care, enhanced communication & end of life care. All attendees successfully completed the training and engaged with facilitating rolling programmes of dementia care training to hospice staff within their organisations. The trainers completed follow up visits to each hospice to offer support to the facilitators and evaluate their progress. Facilitators completed evaluations immediately and at 3 and 12 months post training. They also completed pre and post training self-evaluation questionnaires identifying improvement in their confidence and competence in supporting people with dementia. The programme was positively evaluated by facilitators who in turn reported positive evaluations by hospice staff attending their training sessions. It was reported that the training supported a greater understanding of person-centred dementia care and with the facilitators delivering the training to staff with diverse roles in their organisations, a collaborative approach to implementing dementia care into hospice practice was developing. Significant commitment is required from facilitators, who show enthusiasm to engage further with networking opportunities. Manager support is identified as paramount allowing time for facilitators to prepare and deliver the training and to release staff for training. The continued implementation of this training will help to enable people with dementia receive specialist support should they need to access hospice services.

3.3 LIFE STORY WORK

Kate Gridley, University of York
Life Story Work in dementia care: good practice and getting involved

Everybody has a life story. These are rich and varied and can be used to communicate who we are to the people around us. It has been suggested that life story work could be an important tool for enhancing person-centred dementia care, but up until now there has been little evidence about the experiences of people with dementia or family carers doing life story work or what constitutes good practice. In 2012 the Social Policy Research Unit (University of York), together with Innovations in Dementia, Dementia UK and the Life Story Network, launched the first study of its kind looking at life story work as a complex intervention requiring evaluation. This study, funded by the National Institute for Health Research, consisted of a literature review, focus groups with people with dementia, family carers and professionals, a national survey and a pilot evaluation of life story work in six care homes and four inpatient hospital.
wards. People with dementia and family carers were involved throughout as expert advisers on virtual advisory groups. This presentation will focus on nine good practice learning points for life story work that were identified through the focus groups, as well as the ways people with dementia and carers were involved in the research and could be involved in future projects.

Polly Kaiser, Ruth Eley, Nada Savitch and Jean Tottie, Life Story Network
Seldom heard stories in life story work
The aim of this session is to listen to the use and application of life story from less common perspectives and voices - in particular from people with dementia and carers themselves. Whilst its uses have been described in hospital care home settings, it’s application in the community context is less well known and discussed. Finally, the new SP model (Kaiser & Eley 2016) will be described as an overarching framework to bring together the various life story practices

3.4 PRIMARY CARE

Emma Costello & Kim Grosvenor, NHS High Weald Lewes Clinical Commissioning Group
The Dementia ‘Golden Ticket’ – an emerging new model of care
HWLH CCG conducted a clinical review which identified a fragmented pathway, which was medically biased, with gaps in post-diagnosis care and insufficient support for family carers. In response, the CCG, in partnership with stakeholders, co-designed a composite model of care, which centres on post-diagnostic dementia services being co-ordinated and managed in the community. Called ‘The Golden Ticket’ because it infers that people get something to support their diagnosis, it includes; information, advice, emotional support and practical guidance, together with a prompt meeting with their GP Practice, to review their needs of daily living. Patients are offered a medication review and are introduced to their ‘Dementia Guide’, who will be with the family, for the whole journey with the condition. In addition, both patient and carers have access to four wellbeing interventions, delivered in the communities in which they live. These encompass, a carer’s cafe, an exercise class at a local leisure centre, memory well-being sessions and outdoor activities. Weekly ‘Blip’ clinics are held in the GP Practice for when family circumstances change, enabling a timely response to these changes to prevent further decline and inappropriate admission to care settings. This composite framework is delivered in the context of dementia-friendly GP practices and dementia-friendly communities, with supportive primary care education. Some emerging themes from available data proves an improvement in: quality of life for patients, mental health and wellbeing, ability to live more independently, access to information and advice, carers’ experience and outcomes, and the wellbeing interventions were hugely beneficial to patients and carers. Available data also shows: the ‘Golden Ticket’ workforce believed it offered an improved patient experience, 20% reduction in GP consultations, 25% reduction in acute medical admissions and contact, and 20% reduction in medication.

Jan Leeks, University of Hertfordshire
Supporting your service to be dementia aware - a report on the delivery of tier one training to primary care workers
This session will explore the design and deliver of tier one training to primary care workers in Hertfordshire. Last year the Bedfordshire and Hertfordshire Dementia Commissioning Group conducted a clinical review which identified a fragmented pathway, which was medically biased, with gaps in post-diagnosis care and insufficient support for family carers. In response, the CCG, in partnership with stakeholders, co-designed a composite model of care, which centres on post-diagnostic dementia services being co-ordinated and managed in the community. Called ‘The Golden Ticket’ because it infers that people get something to support their diagnosis, it includes; information, advice, emotional support and practical guidance, together with a prompt meeting with their GP Practice, to review their needs of daily living. Patients are offered a medication review and are introduced to their ‘Dementia Guide’, who will be with the family, for the whole journey with the condition. In addition, both patient and carers have access to four wellbeing interventions, delivered in the communities in which they live. These encompass, a carer’s cafe, an exercise class at a local leisure centre, memory well-being sessions and outdoor activities. Weekly ‘Blip’ clinics are held in the GP Practice for when family circumstances change, enabling a timely response to these changes to prevent further decline and inappropriate admission to care settings. This composite framework is delivered in the context of dementia-friendly GP practices and dementia-friendly communities, with supportive primary care education. Some emerging themes from available data proves an improvement in: quality of life for patients, mental health and wellbeing, ability to live more independently, access to information and advice, carers’ experience and outcomes, and the wellbeing interventions were hugely beneficial to patients and carers. Available data also shows: the ‘Golden Ticket’ workforce believed it offered an improved patient experience, 20% reduction in GP consultations, 25% reduction in acute medical admissions and contact, and 20% reduction in medication.

3.5 PEER SUPPORT

Barbara Stephens, Dementia Pathfinders & Professor David Jolley, University of Manchester
Dementia Conversations: directions from a people compass
There has been a very considerable increase in activities designed to identify people with dementia and to provide them and their carers with appropriate information and help. Never-the-less frustration and disappointment are commonly encountered. Providing a local forum where people with dementia, their carers and others interested in the condition can come together to have constructive conversations has obvious attractions. Exploratory sessions led by Dementia Pathfinders in association with local churches looks to be confirming that this approach has validity and potential to make better use of the experiences and resources of individuals in a way which is complementary to the initiatives of the major organisations. This grass-root network has the potential to increase satisfaction and personal growth amongst individuals and to make better informed use of resources. It relates to similar initiatives in Europe and experiences in this country in the earlier days of dementia care.

Alise Kirtley, independent consultant & Simona Florio, Healthy Living Club
The Healthy Living Club, Stockwell, London
This session will explore and share the successes of and challenges faced by a dementia-centred community called the Healthy Living Club, including governance, funding, activities and the role of community in supporting quality of life for people living with dementia. The Healthy Living Club in Stockwell, London was founded by people with dementia, their carers, and residents of an extra care unit when – faced by the closure of a service of which they had been “users” – they resolved to carry on meeting independently. A community group formed as everyone involved was determined to preserve all members’ sense of belonging to a group they perceived as theirs. The independent charity is now four years old, and is self-termed a dementia-centred community. Although activities are chosen to suit the abilities of people at the varying stages of dementia, everybody - volunteers included - takes part and benefits. The Club provides people with dementia with respite from the disempowering experience of being cared for: by focusing on what people with dementia can and want to do, and doing it with them, it offers people with dementia and their carers an opportunity to step out of their respective roles as “givers” and “receivers” and enjoy themselves together as part of a community of equals.

Amy Semple, Health Innovation Network
Quantifying the benefits of peer support for people with dementia: a Social Return on Investment (SROI) study
Peer support for people with dementia and carers is routinely advocated in national strategies and policy as a worthwhile post-diagnostic community intervention. Scarcity of public resources means that value-for-money for such interventions requires closer scrutiny, yet the value produced by participating in peer support groups can be subtle and difficult to measure using traditional cost-benefit analyses. The aim of this study was to use the ‘Social Return on Investment’ (SROI) methodology to quantify the social value created by peer support groups for people with dementia. SROI is based on cost-benefit analysis but with particular emphasis on identifying the value experienced by people involved in an activity. In our study the focus was on people with dementia, their carers and the volunteers who support the group. Three different types of
dementia peer support groups were evaluated, reflecting the different models of peer support that are seen in South London. Analysis showed that the three groups create positive social value for people with dementia, carers and volunteers that is greater than the cost of investment. For every £1 of investment, the social value created by the groups ranged from £1.71 to £5.18. Key outcomes identified for people with dementia were mental stimulation and a reduction in loneliness and isolation. Findings showed a wider benefit of peer support for both carers and volunteers supporting the group. Carers reported a reduction in stress and burden of care and volunteers cited improved wellbeing through engagement with people with dementia and the group. This study provides encouraging evidence for those looking to commission, invest, set up or evaluate peer support groups for people with dementia. It demonstrates that initiatives by independent organisations and smaller charities are able to produce a positive SROI just as much or sometimes more than groups run by large, formal organisations.

### 3.6 THE EXPERIENCE OF DEMENTIA IN CARE HOMES

**Esther Ramsay-Jones, Open University**

A psychosocial study of the care relationship in residential care homes for people with dementia

This presentation seeks to illuminate our understanding of the relational field in dementia care through the lens of psychoanalytic organisational observation technique and material gathered from conducting free association narrative interviews. Based on two long-term observations of two residents, and their carers, in two care homes for people with dementia and on interviews with 17 staff and 13 residents, this talk will consider what we mean by ‘quality of care’ by providing examples of moments of intimate engagement and also encounters which involve more objectifying practice and ambivalence. This will be analysed against the speech of care workers and people with dementia to demonstrate what kind of relational themes emerge in the care home environment. Time, interruption, play, splitting and bearing witness will be examined as ways into examining the relational field and in order to see what national dementia policy might be overlooking when it considers notions of ‘quality’. The presentation will also consider some possible approaches for supporting care workers to process the emotional labour involved in their work, and to be able to relate more intimately with residents living with dementia.

**Claire Royston, Four Seasons Health Care**

A novel approach to supporting teams to develop a meaningful understanding of the experience of living with dementia

“I have worked in dementia care for ten years but now I understand what it must be like for my residents.” The Four Seasons Dementia Care Framework is focused on the experience of each resident. A key element of supporting all team members working within our care homes is the development of their understanding of the impact of the physical and psychological aspects of dementia for an individual resident. In addition to traditional learning approaches we have developed a dementia experience which simulates the sensory, cognitive, physical and emotional aspects of living with dementia. Our aim was to establish a meaningful simulated dementia experience for groups of up to ten participants, utilising simple equipment within an ordinary care home setting, which could easily be scaled throughout the organisation. The impact of the Dementia Experience was assessed using qualitative data of participants’ immediate reactions and accounts of their feelings together with quantitative information utilising the Attitudes to Dementia Questionnaire ADO (Lintern and Woods, 2006) before and after the session. The ADO provides quantitative information in regard to two domains described as ‘hope’ and ‘person centeredness’. Qualitative feedback from the participants will be presented which illustrates the impact of the dementia experience. The quantitative results showed that it is possible to provide a dementia experience that has a meaningful impact on team members using this simplified group approach.

**Phil Harper & Deena Heaney, Barchester Healthcare**

Care Experience training

There has been previous training for staff in dementia care which has mainly concentrated on staff experiencing malignant psychology practices. These highlight negative aspects of care. To develop this training in the 10.60.6 development programme, which was introduced as a pilot in the Memory Lane communities, we encouraged the model of care which considers the 7 Domains of Wellbeing. Three care homes which had been nominated to be included in the pilot were then selected for the project. Four levels of training were developed to skill staff in their care practice. Each of the three project homes identified two staff that was to be trained to roll out the ‘Care Experience’ into their homes. This care experience allows for staff to receive both positive and negative care delivery which represents what some of our residents may experience during their journey in our care environments. The key points of the Resident Experience training are for Learners to gain first hand resident living experience and to promote relationship and well-being focused care, leading to the care setting and the culture within it becoming more person centred in care intervention whilst also identifying care practise which may enhance the wellbeing of residents. Results: The initial feedback from staff is that it is well received and very thought provoking as well as being quite emotive. Staffs have given feedback to the experience providers and this feedback is collected by the provider. Staffs who have presently received the experience are surprised how they have started to look at their both their own and other care staff practices which can be developed to support an overall wellbeing experience for our residents. The project continues to be evaluated with feedback reports which are supplied by the care experience training provider.

### 3.7 WORKSHOP

**Toby Williamson, Mental Health Foundation**

Different realities and beliefs in dementia – whose truth is it anyway?

Since 2014 the Mental Health Foundation has been conducting a national inquiry into issues associated with experiences people with usually more severe dementia have, involving different realities or beliefs. These include experiences such as believing a deceased parent is still alive, that the person is living in a different time or place, or believing that a close family member is someone else. The inquiry has been asking the question about how meaningful these experiences are to the person, as well as carers and practitioners, and how best to respond to them. Funded by the Joseph Rowntree Foundation, the inquiry has involved people with dementia, carers, practitioners, researchers, even philosophers! Using a range of methodologies to collect evidence including a literature review, a panel of experts and expert witnesses, an online survey, and focus groups with people with dementia, carers and frontline staff, the inquiry has gathered an enormous amount of evidence. In 2015 emerging themes were reported to Congress but now the analysis has been completed the session will report on the final conclusions and findings from the inquiry. Although the production of the final report has been delayed it will be available in time for Congress so and the session will also describe principles and guidance to help understand and respond to people with dementia experiencing different realities and beliefs when caring for them. Members of the inquiry panel will be at Congress and it is anticipated that they will be available to contribute to the session.

**Robert Caiazza and Edward O’Connor, Northumberland Tyne & Wear NHS Trust**

Dementia Orientated Reality: A tool for practice

Therapeutic lies in dementia care have caused a strong debate over the last decade highlighting controversial opinions in relation to what constitutes a therapeutic lies and what doesn’t, and even more emphasis has been given to the query on whether this type of practice could be considered as a communication that respects the Ethical principles. As a result, research studies have been conducted in order to develop a better understanding of what is considered a therapeutic lie and what are the views of a wide range of health professionals with the aim of developing clear cut definitions and rules on how and when it would be morally and practically correct to use a non-truth. Recent theoretical studies have highlighted that there are difficulties with the nomenclature chosen to address this construct. It has been suggested that it may be correct to introduce a new concept of non-truthful communication which avoids the semantic and pragmatic difficulties linked to ‘therapeutic lies’, and aims to clearly indicate a type of untruthful communication that is structured, clearly aiming to benefit the person with dementia and based on the knowledge of the person’s biographical history. This study aims to respond to the needs of clarity and structure required when interacting with people with dementia and enquire around clear guidelines on when and how to use untruths in clinical practice. This has furthermore allowed us to rethinking the notion of therapeutic lies and its ethical implications in favour of the Dementia Orientated Reality-communication concept.
Motivating residents to participate in activities

Substantial evidence exists to support the fact that inclusion of people in activity is beneficial to their well-being. Motivating residents to participate in activity is a crucial factor for falls prevention due to poor balance and other risk factors. We will consider how to describe restlessness in the context of falls risk and identify reasons for restless activities. Interventions to minimise fall risk, particularly involving optimising occupation and activities will be discussed. Those attending the workshop will be provided with key resources to help reduce falls risk in their workplaces. The ‘Good Practice Self-Assessment Resource’ – managing falls and fractures in care homes for older people, produced by Social Care and Social Work Improvement Scotland and NHS Scotland will be reviewed to help people attending the workshop to recognise quality care and implement falls risk prevention strategies in their care homes.

Craig Stevens, Alive! Activities [EB2.2]

Motivating residents to participate in activities

Substantial evidence exists to support the fact that inclusion of people in activity is beneficial to their well-being. Motivating residents to participate in activity is a crucial skill in activity provision. It is very little training is this area of expertise is available. Motivation is a very personal matter, unique to each and every individual and many factors influence our motivation at any given moment. However, there are common motivating factors that apply to all, as well as more specific factors. Our awareness of these factors, our knowledge of the individual and specific skills helps us to find appropriate solutions to maximize an individual’s inclusion in activity and enhance their well-being.

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Bridget Russell, University of Hertfordshire [EB2.3]

Management of faecal incontinence in people with advanced dementia

In UK care homes it is estimated that around 80% of residents have dementia or memory problems. The prevalence of faecal incontinence (FI) in care homes is estimated to range from 30% to 50%. There is an absence of clear evidence of what is effective in the reduction and management of FI in care homes. The use of incontinence pads and toileting assistance are the most widely used management approaches. Particular challenges for staff and residents include maintaining comfort and dignity, skin health and dressing. We used a realistic synthesis approach to investigate the management of FI for older people with dementia living in care homes, investigating what works, for whom in what circumstances. The review found that a majority of care home residents with FI will be doubly incontinent, this suggests there is limited value in focusing only on FI or on one possible cause of FI such as constipation. Additionally, much research into incontinence care had not considered how living with dementia specifically affects continence and a person’s ability to benefit from particular interventions. Staff knowledge, support for person centred approaches to care and clinician involvement in assessing and diagnosing possible causes are important in preventing and managing FI. Prompted toileting is an approach worth trying and may be particularly beneficial for some people living with dementia. A key factor, however, is how staff can act on their knowledge and training and whether an intervention “fits” with the everyday care work of a care home. Valuing the intimate and personal care work that care home staff provide to people living with dementia, and the recognition of the challenges that arise when providing continence care is important. This needs to be prioritised within the organisation, supported with clinician input and be incorporated into future research designs and practice development.

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Diane Amans, Independent dance artist/trainer [EB2.5]

Dance: a non-verbal approach to dance activities with people with dementia

As a result of several years leading dance activities in different dementia care settings Diane Amans has gradually reduced the verbal prompts and adapted the ways she invites people to join in dance activities. She uses encouraging gestures and facial expression together with music and props. This practical workshop will demonstrate failure-free, non-verbal ways of encouraging participants with dementia to join in a range of creative dance activities. Feedback from care managers and participants has supported an approach that is not heavily reliant on use of language. In some care settings staff have adapted their communication methods to incorporate more non-verbal cueing. Participants will experience ways of engaging people in warm up exercises and creative dance activities designed to achieve functional outcomes (improved balance and muscle strength, joint mobilisation) and, at the same time, involve emotions and imagination. The workshop will also briefly consider ways of measuring the impact of the work. Diane is carrying out research into ‘Meaningful Measurement’ and is interested in finding ways to evaluate the more elusive “but very valuable” aspects of the work.

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09.15-10.25 PARALLEL SESSIONS 4

1.4 CARE HOMES – BEHAVIOUR THAT CHALLENGES

Ian James & Roberta Caiazza, Northumberland Tyne and Wear NHS Trust

De-escalation skills for behaviours that challenge

Over the last two years the Newcastle Challenging Behaviour Team have been developing a training course to improve the communication skills of staff working with people living with dementia. This course, known as CAT (communication and interaction training), uses a strength based relationship philosophy, enhancing staff’s existing communication skills. This presentation summarises the key issues involved in skills enhancement. The course has been widely praised for its positive impact on staff, which was seen as prerequisite for all of these approaches but the underlying drivers or motivations for community engagement were different. These could be conceptualized in three ways: 1) initiatives driven by compassion and concern for the wellbeing of people affected by dementia. 2) Initiatives driven by cost-benefit or utilitarian analysis and recognition that current systems were not fit for purpose. 3) Initiatives with a social justice/disability rights/citizenship based perspective that people affected by dementia should not be excluded. Conclusion: This review is one of the first to synthesize the existing evidence on community engagement for people affected by dementia. It provides an overview of what is known but more importantly, makes explicit the theoretical assumptions that inform the delivery of different community engagement initiatives.

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Professor Colm Cunningham, HammondCare, Australia

Severe Behaviour Response Teams: addressing the needs of people with very severe and extreme behavioural and psychological symptoms of dementia

In 2015 a new national approach to the management of severe, very severe and extreme behaviours of concern in residential care was announced by the Australian Department of Health and Ageing. The aim was to eliminate the use of seclusion and restraint in residential care. The Australian Government’s National Seclusion and Restraint Review [2013] showed that over 20% of people receiving care in aged care and in residential aged care were exposed to seclusion and restraint. In the context of these developments, this presentation will introduce an Australian initiative – the Severe Behaviour Response Team (SBRT). This is a multi-disciplinary team modelled on the Community Mental Health Team (CMHT) and is intended to be both a ‘jumping off point’ for SBRTs and a model for the development of other response teams for other care settings. The presentation will also discuss some key issues and challenges in implementing SBRTs in aged care.
government. The Severe Behaviour Response Teams (SBRT) commenced national operations across Australia in November 2015 led by HammondCare. Key components of the service, believed to be the first of its type in the world, include rapid and responsive in reach to residential aged care facilities, and an emphasis on expert behavioural (rather than primarily pharmacological) management. Comprising a multi-disciplinary workforce of aged care nurses; allied health and specialist medical staff the Severe Behaviour Response Teams (SBRT), and working across Australia beyond state and territory boundaries the team have been providing expert assessment and management of high-level behavioural disturbances within residential aged care facilities across Australia. Supporting the aged care workforce to understand on a practical level the complex interplay between the person with dementia, the disease, the environment and the interaction of staff, residents and family has also been an important focus within the program. Pharmacological management alone would not create long term sustainable results so the practical aspect of SBRT being present ‘on the ground’ and providing a range of additional interventions leads to longer term change. The program is to demonstrating efficacy and changes to both quality of life for the person with dementia and the care network (staff/family and friends) and hospital avoidance. A detailed description of the service model and an evaluation of the first 12 months of operations of the service will be provided. It is anticipated that if the SBRT model can be successful in a country as large and diverse as Australia, it may prove worthy of replication in other jurisdictions.

Jane Fossey, Oxford Health NHS Foundation Trust & Professor Clive Ballard, King’s College London

WHELD: an overview of a completed NIHR study

There is strong evidence that psychosocial approaches which promote person centred care can improve health outcomes for people with dementia living in care homes and can reduce the use of antipsychotic drugs. WHELD - Well-being and health for people with dementia is a 5 year NIHR funded research programme which aimed to provide an effective, simple and practical intervention which improves the mental health and quality of life and reduces sedative drugs used for people with dementia living in care homes. The first WHELD cluster RCT evaluated the effectiveness of the incremental use of four elements of best practice - person centred care, social interventions, exercise and review of antipsychotic medication on the quality of life and prescribing for 277 individuals in 16 care homes. The findings from these study identified specific practices which can be used in combination and an integrated package was devised which was tested in a further cluster RCT involving 1006 people with dementia across 69 care homes. Additionally, three qualitative studies using thematic analysis, investigated the perceptions of care home staff and WHELD therapists to determine the best ways of working and factors which contribute to the sustainability of psychosocial approaches in care homes. The programme found some positive benefits of the WHELD programme for improving symptoms of agitation and improvements in quality of life for some groups of residents. A number of key themes were identified from the qualitative work in relation to the training, delivery and maintenance of person centred care which have implications for care staff roles and the support mechanisms which homes and health and social care services have in place. The findings have implications for national guidance on prescribing and for methods of training and supporting care home staff to deliver care which meets individual needs and improve quality of life.

4.2 SYMPOSIUM: HUMAN RIGHTS AND DEMENTIA

Sarah Butchard, Mersey Care NHS Trust, Phillie Hare, Innovations in Dementia & Toby Williamson, Mental Health Foundation

Traditionally, people with dementia have been amongst the most devalued in our society experiencing the double stigma of age and cognitive impairment and their human rights have been disregarded as society places emphasis on intact cognition. This symposium will focus on promoting the rights of people living with dementia. Making the link between law and ethical practice is not the only step required; there is also a need to translate the concepts in a human rights based approach into practical strategies. It will cover both the issue of how a rights based approach can influence policy and service development as well as the practical application of a human rights based approach in dementia care. Bringing together current research and best practice across a number of sectors it will include: a) human rights from the perspective of people living with dementia; b) the launch of a guide to promote rights in dementia; c) feedback from a current large scale study investigating the impact of embedding a human rights based approach in dementia inpatient wards and care homes, and d) work carried out by people living with dementia and carers on formalising a structure for promoting human rights. There will be opportunities for discussion about future development in relation to rights and dementia. It will be of interest to anyone working in the field of dementia care as well as to people living with dementia and carers.

4.3 PERSON CENTRED POST DIAGNOSIS SUPPORT

Paul Dunney, Kate Fincham and Clive Joyce, Alzheimer’s Society

What we mean by high quality, effective person centred care for people with dementia?

The Prime Minister’s Challenge on Dementia 2020, in supporting the seven ‘I’ statements of the Dementia Declaration, committed to the development of services and care for people affected by dementia. It stated that there needs to be greater recognition that everyone with dementia is an individual with specific and differing needs, and often with other conditions. People affected by dementia should be fully involved in decisions about their own care, but also in what they want or are able to do to help them to live the life they want. Alzheimer’s Society give an analysis of what good looks like in terms of person centred care, and what makes good care that includes elements of choice and control, and the ability to access integrated, patient focussed services. Outlining what Alzheimer’s Society expects people to receive, you’ll hear from a Dementia Adviser, one of our Side by Side volunteers and the perspective from our Operations and Policy teams. Looking at a day in the life of frontline workers and how they provide support, the session will reflect on the individual circumstances of the people you work with and how this leads to helping them make the right, person centred decisions about their care. A Side by Side volunteer will explain how the innovative programme has helped people with dementia in exercising their choices to maintain their daily life, with an overview of the pilot and the success it has had so far in supporting nearly 350 people to be able to do things that they want.

4.4 DEMENTIA FRIENDLY COMMUNITIES

Mary Marshall & Jenny Henderson, Faith in Older People

Dementia friendly faith communities

For many older people, their faith community has always been a fundamental part of their lives. This presentation will show how faith communities can be helped to be more dementia friendly: first with a better understanding of dementia and second by undertaking a simple and affirmative set of steps taking them through the progression of dementia and how best to include all people with dementia in their community. The tool to achieve this took the form of a guide which was developed by a group of experts. A wide consultation then took place followed by a piloting phase. The task was to produce something simple, straightforward, affirmative and achievable by a busy congregation. The first stage was for Christian denominations. The months after the Congress will involve talking to other faiths about how best to amend it for their needs. Ensuring the guide is widely available and used is a long term project.

Beth Luxmoore, Alzheimer’s Society & Lesley Calvert

Co-producing The Good Life Festival (Alzheimer’s Society/Salford University)

This project aimed to deliver an event that was designed by and for people affected by dementia, in partnership with Alzheimer’s Society and Salford University’s Institute for Dementia. The project aimed to learn from the experience of working together with people affected by dementia as peers from the earliest stages of a project through a co-production approach. A group was formed that worked on developing the event over a period of six months. Through a co-design approach, work was structured to ensure that all members had an equal voice in the process. The theme of celebrating different ways people live well with dementia was developed and the concept of ‘The Good Life Festival’ was born. The festival was received as a refreshing change to previous dementia events. People affected by dementia talked about their own experiences, offering a peer-led approach and interactive demonstrations in a series of themed sessions such as ‘Keeping Active’ and ‘Get Outdoors’. The volunteer-led team generated an atmosphere of fun that ensured that each of the 60 guests received a personalised experience. The event was successful in attracting people recently diagnosed with dementia and connecting them to initiatives. The members of the planning group enjoyed the process of designing the event and felt rewarded by the success of the day. One member commented: “It was people like us, who are on the coal face of dementia, helping each other out. It was hard work, but it was worth it, to see everyone happy and all those smiling faces”. Through inclusion of people affected by dementia, a successful, innovative event was delivered. The partner organisations learnt the value and challenges of including people affected by dementia as peers in the co-production process from the onset of a project and all members of the group gained new skills.

www.careinfo.org/ukdc-2016
Sue Northrop, Dementia Friendly East Lothian
Building dementia friendly communities from the pavement up: a community psychology approach
Dementia Friendly East Lothian (DFEL) is a community led initiative to transform the lived experience of people affected by dementia. We work within the community, building understanding and capacity, integrating person centred care; community psychology and assets based community development. These are mutually reinforcing with a shared focus on building relations and action through assets, empowerment, participation, rights, diversity and humanity. Dementia Friendly Communities are developing across the world in recognition of their potential for supporting quality of life through providing therapeutic and preventative environments. However, policy, theory and research underpinning them are limited. This paper outlines the process of growing a Dementia Friendly Community from the inside, embedding an understanding of dementia in community networks, structures and processes, moving from community conversations to individual and collective action that changes lived experience. With support from STRIVE and the Life Changes Trust, five Dementia Friendly Communities have been established and five more are in discussion. There are more opportunities for people with dementia in all settings to participate socially and politically, building relationships and voice. We held dementia inclusive events to give views direct to The Scottish Government on the new Dementia Strategy and are working with Area Partnerships and the Integrated Joint Board to access resources and influence decisions; there are new dementia inclusive singing groups, cafes and yoga classes. Dementia Friendly Communities must be built in and by communities; owned by communities. DFEL is a widget providing practical support, encouragement and a learning network. We take person centred caring into the practice of being in community and we all benefit from stronger more inclusive communities. As an emergent and relatively new process there is much to learn, evidence to gather and theory to develop.

4.5 BAME COMMUNITIES
Ripaljeet Kaur, Touchstone
Dementia within BAME communities
It is estimated that in 2011 there were 25,000 people with dementia from black, Asian and minority ethnic (BAME) groups in England and Wales. This number is expected to double to 50,000 by 2026 and rise to over 172,000 by 2051. This is a seven-fold increase in 40 years, compared to just over a two-fold increase in the numbers of people with dementia across the whole UK population in the same time period. There are an estimated 8,500 people with dementia in Leeds in 2013. This figure comes from research evidence which tells us how prevalent dementia is, applied to the local population figures. It is approximately 8% of the people aged 65 and over in Leeds. This is likely to increase, and estimated to become over 12,000 people with dementia in 2028, a 35-40% increase in 15 years. Statistics suggest there is a diverse group of people with dementia however do not reveal the affects it has on individuals. Since 2012 Touchstone has been working in partnership with Alzheimer’s Society Leeds to deliver services for people with dementia and carers in Leeds. The role involves supporting Alzheimer’s Society in raising dementia awareness, developing partnerships and extending services to BAME communities in Leeds. The BAME Dementia Service in partnership with Leeds Alzheimer’s has been successfully delivered for four years.

Polly Kaiser, Pennine Care Foundation Trust & Najma Khalid, Community Development Consultant
‘Listening to it as it is’ - listening to the voices of BME communities to shape memory services - the benefits, challenges and the learning
Despite national policy that encourages people with dementia from BME groups to access memory services there are still many barriers and challenges to this. Developing and delivering culturally appropriate services is not one off process but a constant two-way dialogue. This symposium presents one mental health trust’s attempt to begin to address the issues of access, appropriate assessment, training and post diagnostic support. It describes the work being undertaken in Rochdale and in particular of the Oldham Ethnic Minority (ODEM) reference group and the outcomes of the work so far in terms of the listening, training and challenges.

David Truswell, Alliance for Race Against Dementia
A Call to Action on improving dementia information and services for UK Black, Asian and minority ethnic communities
The presentation will be an account of the development of a Call to Action on dementia information and support for people living with dementia and their carers from black, Asian and minority ethnic communities. The Call to Action is the work of the Alliance for Race Against Dementia, a group of voluntary organisations that range from the national to local level but all currently involved with providing information and support on dementia to these communities. The Call to Action was developed out of an expert seminar held to explore commonalities of experience. Seminar attendees included representatives from particular community groups, such as the African-Caribbean, Irish, South Asian and Chinese and also agencies whose services cover a range of ethnic communities. The Call to Action is also linked to good practice examples found in the work of the seminar attendees. The Call to Action is proposed as a unifying national framework for improving dementia information and services for black, Asian and minority ethnic communities through better working in partnership with the voluntary sector and community groups.

Phil Benson, Community Integrated Care & Zaffer Khan, One Voice Blackburn
Successful partnership with the South Asian community
Community Integrated Care has developed a pioneering £5m dementia care home, EachStep Blackburn, in the diverse borough of Blackburn with Darwen. It has formed a creative partnership with the town’s leading South Asian community group, One Voice, to engage local people to get involved with the home. This has helped them deliver culturally appropriate support, recruit diverse staff teams, and learn from the views and insight of the community. In doing so, they have overcome many of the barriers to members of that South Asian community interacting with dementia care services. The team had a shared vision of making the home a genuine hub for the local community, and ensuring that it was absolutely accessible to people of South Asian heritage - and indeed, all other backgrounds. This was in contrast to the flawed perceptions of many, who felt South Asian community members would not want to be part of the home. Their project plan covered delivering culturally appropriate support - learning through exceptional focus groups; raising the profile of dementia issues; delivering recruitment, community engagement and volunteering opportunities; and ensuring the home’s environment reflected the South Asian heritage. Their results have been incredible - creating a care home that is truly inclusive and offers leading approaches to care.

4.6 WORKSHOP
Lynne Phair, independent consultant nurse and expert witness, Hazel Heath, independent nurse consultant, Dawne Garrett, professional adviser, Older People and Dementia, Royal College of Nursing & Victoria Butler-Cole, 39 Essex Chambers
Sexual expression in care homes: in our desire to care are we missing things?
This workshop will focus on the expression of desire for sexual intimacy and sex in people living with a dementia in care homes and the issues this raises for staff. In such communal environments, sexual expression is far from straightforward and the dilemmas faced by all involved can be complex. Overt sexual behaviour in someone with a dementia is commonly viewed as a communication of need or as a consequence of disinhibition but, in our desire to care and to find solutions to our dilemmas, are we missing things? Three presentations will set a context for this workshop: a) the views of independent older people on sexual intimacy and relationships will be highlighted by Dawne Garrett drawing on the findings from her current doctoral research, b) major transitions and life changes faced by older people with a dementia and their partners on moving to live in a care home will be highlighted by Hazel Heath drawing on her academic research and interviews with older people affected by dementia, and c) key dilemmas for staff in caring for people with dementia who express a desire for sexual intimacy, and for their families, will be highlighted by Lynne Phair drawing on her professional and personal experience. In a safe and positive environment, participants will be invited to share their experiences, to discuss the dilemmas they have faced and, within the group, to identify options for dealing with such situations in the future. The desired outcomes from the workshop are that participants will have a broader and deeper understanding of: what older people want from sexual intimacy and sex, the impact of moving into a care home on sexual expression and sexual relationships for people with a dementia and their partners and families, and the options available to staff in dealing with dilemmas and difficult situations.

4.7 ACUTE HOSPITALS STREAM 1
Danielle Wilde, Royal Free Hospital, London, Kelly Kaye, Dementia Action Alliance, Danni Woods, lead nurse dementia from Bradford teaching hospitals and Jillian Hartin, senior nurse, Patient Emergency Response and Resuscitation Team (PERRT) from UCLH
Care for people with dementia in acute hospital wards - challenges and opportunities
The Dementia Action Alliance and Dementia Leads introduce core challenges in hospital based dementia care and shares ideas on their work in meeting these challenges.
5.1 QUESTION TIME PANEL
Panel to include: Professor Arlene Astell, University of Sheffield; Professor Colm Cunningham, HammondCare, Alison Murray, Care Quality Commission, John Killick.

5.2 OUTDOOR ACTIVITIES
April Dobson, The Abbeyfield Society
The Breath of Fresh Air (BOFA) programme – a pilot evaluation of the physical and psychological benefits of encouraging people with dementia to engage in outdoor activities
Older people regard the ability to get outdoors and keep active as important. Only 35% of people who have dementia get outdoors once a week and 1 in 10 get outdoors less than once every month. The health benefits of being outside are well documented with improvements in appetite, agitation, mood, sleep patterns, loneliness, and vitamin D levels. Barriers to outdoor activities exist, particularly in residual care homes. We performed a pilot study to assess whether a tailored programme of outdoor activities could improve the psychological and physical health of our residents with dementia, using a pre and post evaluation of normal patterns of outdoor activity, mood, trips and falls, sleep patterns, anxiety levels, appetite, loneliness and isolation combined with a structured intervention of encouraging outdoor activity over a three-month period. We also identified what the barriers to outdoor activity could be, and how these could be removed, in a real world setting within one of our care homes. 11 residents were paired with 11 members of staff for the three-month study. Results from our survey showed that:

- a) residents who said they were moderately lonely to very lonely fell from 77% to 11%;
- b) increasing the amount of time residents spent outside saw the average number of falls reduced by 10%;
- c) residents exercising once a week or more rose by one third;
- d) residents having an average of seven or more hours of sleep each night increased from 55% to 86%;
- e) residents who rated their appetite as good or very good rose from 66% to 100%, and
- f) 33% of residents told us that their mood was either good or very good, which rose to 385%.

Staff feedback was also positive. Whenever we do any activity now, we all think “could we do this outside?”

Clare Morris & David Donsky, Cycle Training UK
Positive Spin: enabling people with dementia and their families to cycle
Positive Spin is a ground-breaking project enabling people with dementia and their families to cycle. Despite some initial scepticism about encouraging people with dementia to cycle the project has been funded and delivered so far in two London Boroughs and will be expanded across London next spring. In the session we will: relate stories about the experience of some of the participants; explain the outcomes and benefits for people with dementia and their carers; explain the value of using professional cycle trainers and the cycling national standard outcomes for assessing and managing risk; give an overview of the logistics in setting up such a project including potential funding sources; offer some tips in helping people, funders and referrers, understand that cycling is possible for people with dementia; give people the experience of using one of the project’s flagship cycles: a side-by-side cycle. We see this as a valuable intervention for people with dementia and would like to enable people outside London to access Positive Spin using the same methodology and publicity as our London project. To that end we are developing the project as a social franchise and will be happy to discuss partnership and franchise options with colleagues during Congress.

Val Taylor & Tracy Moran, Appletrees Care & Reablement Centre, OSJCT
Horse play
A study of an innovative, developing, exciting programme of the bond formed with people living with dementia, horses, volunteers and outdoor spaces. Can people living with dementia really learn new skills, can they be helped to remember lost ones? This study found that they can. We went on a journey, that included working with horses, grooming, washing, hoof picking, bathing, walking, butterfly counting, chicken and eggs, fruit picking, eating, and sharing these experiences with colleagues, families, volunteers and friends. This is what is important in dementia care, proving a rich, stimulating environment, where we can all blossom.

5.3 SYMPOSIUM – INVOLVEMENT
Anna Gaughan & Jean Tottle, Life Story Network, Ruth Eley, Flynn & Eley Associates Ltd
Shifting the balance of power – turning engagement into involvement for people with dementia and family carers
Sarah Plummer, YoungDementia UK
Uniting people living with and working within young onset dementia to influence and champion better services
Engagement can be tokenistic. Consultation with users and carers may occur only when there are changes to be made. Carers of people with dementia, including those with young onset dementia have particular needs that are often overlooked when generic services for carers are commissioned (Carers Trust 2013). This session will present 4 projects that aim to involve people with dementia and family carers directly in working with health and social care, beyond their individual assessments and support plans: ‘Let’s get round the table’ – developing an engagement strategy for older people’s mental health services for the Betsi Cadwaladr University Health Board (BCUHB) in North Wales; Refreshing the dementia ‘offer’ in Rochdale in the context of devolution; TIDE - Together in Dementia Everyday – developing a mentoring and support programme for carers of people living with dementia to enable them to get involved in teaching, research, policy making and campaigning; and Young Dementia UK Network – a focus point for people living with and working within young onset dementia in the UK – working together to influence policies, improve services, provide opportunities to share knowledge and raise awareness as well as connect people living and working with young onset dementia. Each project has adopted different methods to achieve their aims and this session will explore the results. Too often professionals want to piggy back onto an existing users or carers group meeting, without making the effort to explain in advance what it is they want to talk about or giving people with dementia or carers the time needed to prepare what they want to contribute. The work for BCUHB and the TIDE engagement workshops for DH demonstrated that where these things are in place, carers of people with dementia can tell their stories eloquently and ensure their contributions are tailored to the particular occasion. With regards to young onset dementia, there is limited research and data about this group, which results in them being missed out when developing commissioning frameworks and services, leaving people feeling isolated with little or no opportunities to connect with others or access appropriate services. Using networks is important in enabling people to be connected and have their voices heard. There are an increasing number of emerging networks and so it is important that they complement each other enabling a coherent offer to be made at local commissioning level as well as national policy and research to ensure that a more real and diverse spectrum of needs and voices are heard to shape the future dementia support offer.

5.4 QUALITY OF LIFE IN CARE
Ann-Marie Harmer & David Owen, Barchester Healthcare
‘Getting to know me’ – book and board game
Much has been written over the years of the importance of recognising and understanding the life stories of individuals living with dementia. Person centred dementia care relies on building therapeutic and trusting relationships. The more care teams know and understand individuals’ life stories the easier these relationships are established. Understanding individuals’ life stories equips staff teams with knowledge to enable them to positively connect with residents. In doing so staff are able to recognise and reduce distress and promote well-being. I have recognised that for some family members it is difficult for them to share memories and life stories. In doing so, for some relatives, it reinforces how far their loved one has journeyed in their experience of living with dementia. The game was designed as a fun way for staff teams, family members and individuals living in a care home, with or without dementia, to learn about each other. The game also enables the players to share memories, preferences and future wishes which would enhance their well-being. The ultimate aim of the game is to support the building of therapeutic and trusting friendships. It was recognised that many individuals living with dementia retained memories of playing classic games such as scrabble, draughts and snakes and ladders. This ignited the thoughts of how could a game could be created that was fun, would positively connect...
5.6 COMMUNICATION IN ADVANCED DEMENTIA

Professor Arlene Astell, Ontario Shores Research Chair in Dementia, University of Toronto, Canada and Professor of Health Services Research in the Centre for Assistive Technology and Connected Healthcare (CATCH), at the University of Sheffield, UK.

Workshop on Adaptive Interaction

Dementia commonly affects communication and as it progresses many people lose the ability to speak altogether. To address this challenge, we set out to develop a nonverbal approach to communication that could be taught to families and formal caregivers. Creating Adaptive Interaction as an intervention, developing a programme to equip caregivers with the skills to use it and evaluating the effectiveness of this has involved several stages past 12 years. These include developing a framework called the Fundamentals of Communication as the basis for uncovering the nonverbal communication repertoire of individuals living with dementia. Using this we developed a hands-on programme of skill development and practice for caregivers that we have delivered and evaluated in the UK and Canada. The results clearly demonstrate that a nonverbal approach can be learnt and used to communicate with people living with dementia who can no longer speak. The evaluation of the AI programme has consistently demonstrated that caregivers can be equipped to identify the unique nonverbal repertoire of individuals living with dementia who can no longer speak. This has an impact on caregivers' confidence in communicating with individuals who are unable to speak and a positive impact on their relationships. Working with a range of organisations including the Alzheimer’s Society, we have developed a range of formats for delivering Adaptive Interaction to caregivers at home, in hospitals and long-term care.

5.7 ACUTE HOSPITALS STREAM 2

Katherine Barbour, Wessex Academic Health Science Network

SPACE: acute care development programme in eight acute hospitals in Wessex

The Wessex Academic Health Science Network facilitated a two-year project with the 8 acute hospitals in Wessex. The project focused on the quality of care for patients with dementia and in particular how their carers were being enabled to play a meaningful role during the inpatient stay. This project brought together the leads from the hospitals into a community of practice and replicated the work that was done by the Royal College of Nursing with 9 acute hospitals using the SPACE principles. Quantitative and qualitative data was collected over the period and this piece of work demonstrates the features that lead to successful implementation of quality dementia care. Investment in a lead operational post and in support to dementia champions on the wards are among the findings of this work. Working across a smaller geography supported the hospitals to make meaningful links and to establish relationships which have extended outside the community of practice.

Aileen Murray, Wessex and Solent NHS Trust

Maison for Liaison: developing a better understanding of patients, families and carers of older persons mental health liaison

Background: Liaison mental health is the specialty concerned with the care of people presenting with both mental and physical health symptoms in the general hospital setting and employs a bio-psychosocial model being concerned with the inter-relationship between the physiology, psychology and sociology of human ill health. The Five Year Forward View for Mental Health recommends that by 2020/21 no acute hospital should be without all-age mental health liaison services in emergency departments and inpatient wards. Aim: An opportunity to identify what is important to those who use our service, inform and advise us of the changes we need to make to improve the journey of those with dementia, their families and carers whilst in the general hospital. Methods: We used an exploratory patient engagement event with people with dementia their families and carers, and health and social care staff using emotional mapping methodology. Patients and carers were encouraged to share their stories and pick out key moments raised. The attendees then described the emotions they associated with each of the moments. Once everyone had contributed, the map as a whole was reviewed to highlight those moments or aspects of our service that could be handled better. Results: Several themes were identified including; the importance of letting people know about the Older Persons Mental Health Liaison service within the general hospital, to ensure that all involved are kept informed of any changes to care – communication being the fundamental need to be met, who coordinates the care of people with dementia and knowing what is going to happen and what ongoing support will be in place when they leave the general hospital. Immediate, short and long term planning with the attendees ensured that these issues were addressed, and we ensured feedback was given regarding progress made on identified service improvements. Discussion and conclusions: It was important to ensure that any changes that were made to the OPMH liaison service reflected what mattered most to, and the changes would have the most positive impact on, people with dementia and their families and carers.

5.5 PEOPLE WITH DEMENTIA HAVE RIGHTS TOO

Owen Miller, Alzheimer Scotland, Sam Cox and Martina Kane, Alzheimer’s Society

While people with dementia in England have their rights upheld by various pieces of legislation (such as the Equality Act) the dementia field has been slower than other disabilities to take a rights based approach. This discussion session asks where next for the rights agenda on dementia in England. A Charter of Rights for people with dementia has helped embed a rights based approach in policy and strategy in Scotland. Owen Miller will talk through the Charter, the principles, and how they have been used to embed a rights based approach in policy, strategy and in the day to day lives of people with dementia. Sam Cox will talk through existing laws which confer rights for people with dementia, including the Human Rights Act, the Equalities Act and others. Martina Kane explain the current ‘I’ statements and the review which is underway. There will then be time for discussion to look at what needs to happen in England to get dementia rights embedded here.
Pam Kehoe, Tameside Hospital NHS Foundation Trust
Admiral nursing within the acute hospital community – achieving best practice, changing hearts and minds
Following the complaint received by the Trust from the carer of patient living with dementia, the hospital acknowledged a large gap in the provision of care supporting patients, carers and families living with dementia during their acute hospital inpatient experience. The hospital was keen to take action to enhance the well-being of both patients living with dementia and their loved ones and ensure the gaps identified in the service delivered by the Trust were fully addressed. The hospital already held agreed standards which actively support the Values and Behaviours expected from staff working within the Trust. With these Values and Behaviours in mind, the Admiral Nursing service was a fantastic opportunity to demonstrate commitment to the trust standards, by developing an innovative and much needed service within the Acute Hospital environment which would make a meaningful difference in enhancing the well-being of patients with dementia and their carers. In view of the lack of Admiral Nurses in the acute sector, this development underpins the vision for an integrated approach to healthcare delivery, by bridging the gap and linking acute hospital care provision with the continuity of care in the primary care setting. Whilst there have been tangible improvements in the way that we support our patients living with dementia and their families since the establishment of the Admiral Nursing Service at Tameside hospital, it is key to continue on the improvement journey. Next steps include: extending the Admiral Nurse Service within the acute hospital setting, and the local community as it become an integrated care organisation; further embedding the ‘Living well with Dementia’ approach in the acute hospital setting; continue to work to improve awareness and reduce stigma; ensuring that the voice of people with dementia and their loved ones are heard when coming into acute hospital environments; and, embedding the collaborative approach within the local community.

12.15-13.00 PLENARY SESSION
Professor Alistair Burns, Professor of Old Age Psychiatry at the University of Manchester and National Clinical Director for both dementia and mental health in older people at NHS England
The Challenges of Dementia

14.00-14.50 PLENARY SESSION
Professor Carol Brayne, Cambridge Institute of Public Health, University of Cambridge
Update on dementia in the population now

11.00-12.05 PARALLEL SESSIONS 6
6.1 ARTS/DEMENTIA FRIENDLY COMMUNITIES
John Killick, poet, author and dementia consultant & Linda O’Sullivan, The Yellow Bridge Project
The Yellow Bridge Project – support through live music
This project provides a simple yet powerful solution to creating dementia friendly communities. It enables people with dementia and their carers to access support and connection to others, in venues that offer a welcoming ambience and sense of occasion. It also constitutes a vital life-line to feeling part of the community and does not define them by their dementias. The first project emerged as a live music café in a local community venue offered a non-statutory feel and created a social space for people to meet and experience a sense of wellbeing. The project is based on a model that mirrors social entertainment and involvement by choice. The music is always live and does not necessarily have to link to a memory, but often does. The focus is on music in the moment and invites people with dementia and their carers to be entertained and/or to perform alongside professional and amateur musicians. The model also gives people the opportunity to sing in a group or choir and/or develop their music interests on a one to one basis. A charity CD has been launched with people living with dementia being integral to its development and production. In a time of austerity and cuts, the funding of such projects demands the ability to galvanise and inspire possible funders.

The Yellow Bridge Project has connected corporates with the local community. Two cafés to date have been piloted in Warwickshire and a third is being piloted for younger people with dementia in Coventry. We believe that they offer a potential national model which can transform the social opportunities of this vulnerable and stigmatised group.

Keith Oliver, Alzheimer’s Society/KNMT & Liz Jennings, supported by Nada Savitch (DEEP)
Dementia Friendly Film Club project
Although there are senior-friendly viewings in lots of cinemas, there is awareness that they are not always engaging with people affected by dementia. Cinema often doesn’t have a social connection and people leave feeling isolated after seeing a film. Having said that we recognised that films are an ideal springboard to starting conversations about life. Our project set out to test this and proved this to be the case without reservation. We have set up a unique film club which welcomes people with dementia and their families and friends. We know that social connections are really important and aimed to encourage cinema-going by providing a safe, sociable and welcoming environment where, in addition to watching films, people affected by dementia could build friendships and have fun. It was also important to us that people were encouraged to express their opinions and felt valued and valued. We did this by facilitating conversation in small groups based on the film, but encouraging people to explore human issues. To help with this we recruited volunteers, both mature people and students from the local university. It was a club so the films that were shown were chosen by members and we learnt a lot about what makes a good choice of film. We found that the best film was not always the one we thought. The club took place in local community venues, but the learning from people with dementia who were part of the club will be fed back to the mainstream Odeon cinema which will enable it to become more dementia-friendly. We are planning a cinema showing as an additional bonus session which places the project conclusion firmly where we want people to be in the cinema.

Kathryn Gilfoy & Julian West, Westminster Arts
Music for the moment
Music for Thought is a music project combining practical music making opportunities with the support to attend classical concerts. Begun in 2010, the projects have been jointly developed between Westminster Arts’ Resonate programme, musicians from Wigmore Hall and students from the Royal Academy of Music Open Academy, and since summer 2015 offered in the boroughs of Westminster, Hammersmith & Fulham and Kensington & Chelsea. In 2015 the partnership joined forces to offer a classical concert series for people with dementia and their friends, family and carers. The concerts offered further activity for Music for Thought participants so that they could maintain friendships, see the students who had been involved in the project in a different light and keep musical interests going; at the same time the students enjoyed performing to a warmly appreciative audience, some of whom they had had the chance to get to know well over the course of the projects. To widen the offer, a range of other people were invited eg people with dementia living locally and from other Resonate projects and the Memory Cafes, friends and family, plus church attenders and other interested students from the Academy. Members of the congregation made cakes, pupils from the local Marylebone School for Girls made tea and chatted to audience members, Academy students acted as ushers. All this made for a very inclusive and buzzing atmosphere. The work emphasised the importance of continued involvement in social and arts engagement within the community, and the role that the community has to play in this. The presentation will cover the background to the concert series and how it complements Music for Thought, how the programme was set up, the benefits of joint working where all partners play to their strengths, and the impact of the work.

6.2 RAISING AWARENESS IN YOUNG PEOPLE
Sahdia Parveen, University of Bradford
This workshop will focus on Dementia Detectives which is currently being delivered to young people in secondary schools and the University of Bradford. Delegates will be involved in considering key messages and effective approaches for raising awareness among young people. Current policy highlights the need to develop dementia friendly communities. This has led to a number of dementia friendly initiatives such as Dementia Friends. However, such initiatives have generally been aimed at adults. In order to sustain dementia friendly communities, the involvement of young people is imperative. To further develop a dementia friendly initiative for young people in secondary schools (Dementia Detectives), a project was undertaken to explore the perceptions of young people and attitudes towards those living with dementia. Twenty-five students participated in focus group discussions and a further 500 students aged 14-18 years in secondary schools and colleges were invited to complete a questionnaire. The findings suggest that the signs and symptoms associated with dementia were cognitive such as memory loss and poor facial recognition, with few students suggesting dementia was associated with old age. The experience of living with dementia was perceived to be negative as was the emotional impact on the person living with dementia. They perceived the frustration associated with memory loss and
lack of independence to lead to aggressive behaviours. Dementia was thought to be caused by brain damage, old age and traumatic life events. Students were aware there was currently no cure for dementia and of the limitations of medicines. They suggested a number of psychosocial activities that could help support the person such as social interaction and reminiscence. Willingness to engage with people with dementia was associated with previous familiarity with people with dementia and those unwilling stated this was due to their lack of knowledge of dementia. Students highlighted their lack of knowledge with regards to risk factors and their desire to develop this knowledge. The findings of the study suggest there is a need for dementia awareness initiatives that promote the possibility of living well with dementia and health promotion.

6.3 MEALTIMES IN CARE HOMES

Helen Green & Caroline Woodcock, BUPA and Dementia UK

The Impact of a positive dining environment on nutritional intake and reduced weight loss for residents with a diagnosis of dementia

This project represents an introduction to the living experience audit tool developed and implemented by the Integrated Care Home Support Service (CHSS) across Bupa care settings. The audit tool evidence based and has been shown to improve the dining experience for both residents living with dementia and those caring for them. The tool looks at simple changes to the environment, encourages resident involvement and decision making and supports a person centred approach to mealtimes rather than being task focused. It has resulted in reduced weight of residents, improved MUST score and a reduction in food wastage. The tool is easy to implement with minimal initial outlay and promotes staff knowledge and understanding of the needs of those living with dementia. It allows staff to take ownership of their individual care setting and has received positive feedback from both residents and their relatives.

Suzy Webster, My Home Life Cymru & Helen Bevan, Baglan Lodge Care Home

Getting the best out of the mealtime experience in care homes

In this workshop we draw on practice knowledge and findings from academic literature on creating a homely mealtime experience, based around the relationships between people living in care homes, particularly people living with dementia, with care home staff, and other people in the care home community. We will demonstrate training exercises to be used in care homes and share top tips and insights from care home staff. Together we’ll be thinking creatively about what changes can be made to create a positive food environment for people living with dementia, particularly people who have reducing appetites. We will give opportunity to discuss what works well, what challenges care homes face and how sometimes it is the smallest changes that can make the biggest difference to the meal time experience. Our session will include an exploration of one care home’s journey to improve the meal time experience for residents. We will hear from a care home manager who employed a new chef to bring passion to purees and work creatively to ignite a love for food in their home. We will also draw on the experience of a family carer of someone living with dementia in a multi-generational home. Exploring the mealtime experience in someone’s own home and how it can be replicated in care homes, after all food is the focal point for many families - why should this change when you move into a care home?

Peter Morgan-Jones, Chef, HammondCare, Australia

It’s all about the food, not the fork!

Finger food is a way to provide independence and dignity in mealtimes. There is still a stigma associated with using our fingers to eat with. This session will highlight research and implementation of a small group study in Sydney, Australia for people living with dementia. The speaker Peter Morgan-Jones has presented throughout the world on improving the quality of food in aged care and how to improve the quality of life through food for people living with dementia. The presenter has also co-authored two dementia specific cookery books.

6.4 CARE HOMES – IN-REACH AND SUPPORT

Alice Coates & Antoinette Broad, Oxford Health NHS Foundation Trust

An evaluation of the experiences of staff and stakeholders working with an integrated Care Home Support Service (CHSS)

An Integrated Care Home Support Service (CHSS) combines two approaches which have been shown to be effective in a new stepped-care model to deliver care and treatment of both physical and mental health problems at an early stage of development. This study investigated the effectiveness of this integrated service and the impact of implementing “stepped care” interventions in care homes. Qualitative data was collected from CHSS staff to increase understanding of their experiences of this redesigned NHS service as well as their experiences of being trained and implementing new interventions. Additional data was collected from care home staff and relatives of people living in care homes to increase understanding of their experiences and expectations of the service and explore the perceived impact of the new model. Focus group methodology was used to obtain the views of CHSS staff and stakeholders. Transcribed Focus group data were analysed using thematic analysis and applied to the RE-AIM framework. Analysis of the focus group data highlighted several key themes. These increase understanding of participant’s experience of the model, the impact of the model on their practice as well as the impact for residents and care homes. Organisational factors associated with care homes, as well as the service itself, were highlighted by the participants and increase understanding of the potential barriers and facilitators of integrating evidence-based practice into a routine NHS setting. The findings highlight key factors to consider when integrating physical and mental health services as well as providing valuable information regarding the impact and sustainability of this model. The project also highlights how a competency framework could be used as a basis for staff working within the NHS and concludes with suggestions for future dissemination.

Dr Karen Franks & Dr Catherine Andrews, Gateshead Health NHS Foundation Trust

“You’re not family, so we can’t tell you”: Are care home managers the unsupported and unrecognised link in the chain of care for people with dementia?

The Gateshead Care Homes Vanguard, of which we lead the dementia work stream, has identified that leadership in care homes is a key element in improving care. We know from our clinical work that quality dementia care stems from the manager and that good staff and good practice cannot flourish without quality leadership. Work is done to support care teams but what about the leaders?

We wished to know what managers perceived about the levels of support that they get or need. Can we as health professionals help in supporting managers? Care home managers appeared to us to be isolated with a high burden of conflicting demands. We were interested in dynamics of managers as a group, as care is a marketplace yet peer support may be valuable. We were curious about the myths that exist around managing a home and how these impact. In the past we had held a local care home manager’s forum. We decided to re-invigorate this. We held a focus group with a semi-structured interview process with care home managers. We undertook a qualitative analysis of the findings. Emergent themes include a lack of acknowledgement and validation for the complexity of role that managers have. Services, especially hospital services, do not recognise the key role managers have in the life and care of a resident. They felt our role could be to challenge this. They wanted to share practice and experience, develop peer support networks and find out about local changes. They also wanted to dispel the myth that they are in competition and opposition. Shared experiences and frustrations were common. Managers are often undervalued and poorly supported in a complex demanding role with 24/7 responsibilities. By the time of the Congress we hope to be able to present how our findings have translated into change.

Jan Deacey & Rachel Jeacock, Sussex Partnership NHS Foundation Trust

The care home is our client

We are a Specialist Dementia Team working with all Care Homes in Brighton and Hove area. As health professionals, we champion change by looking at the people behind the dementia diagnosis. The Brighton and Hove Care Home In Reach Team are instrumental in attitude and culture changes in homes with residents with a diagnosis of dementia. The team are not prescriptive or task focused in our approach, we work on the premise that the “care home is the client” and work in a person-centred way. The Transtheoretical Model of Change (Prochaska and Diclemente 1992) is central to the philosophy of the engagement process with homes. The Care Home In Reach shifts the home’s locus of control by empowering members of staff with education and support. “We don’t do things for the home, we sit alongside the home. Eventually, we hope they will be empowered to do things independently.” The team works with each home to formulate an action plan. This process is unique for each home and the aim is to maximise the potential for change. Managers and activity workers are offered individual support and invited to attend regular forums facilitated by the team. The team also offers a series of bespoke, educational workshops which are tailored to the needs identified in each home. Homes are also supported in case formulation and life story work for residents, which enables staff to relate theory to practice and develop a greater understanding of a resident’s reality. The presentation will be aiming to increase awareness, understanding and knowledge of different approaches that can be used to increase best practice in dementia care in all types of care homes.
6.5 CARE HOMES – COMMUNITY CONNECTIONS

Simon Bernstein, Alive! Activities
Creating intergenerational community connections

Loneliness and isolation is a prevalent and growing issue for care home residents, which affects the quality of their life significantly. Alive!’s intergenerational projects pair older people with children from local schools. 12 workshops run over a year, with 3-4 visits from the school where the Paint Pals paint together and the iPals create video, collages and music produced on the iPad. The Pals correspond in between the visits, so that they get to know each other and build a relationship. We create a stimulating, fun environment using a flexible session structure so that they feel free to express themselves and learn from each other. Care staff report that residents are happier and that the project has improved their relationships with the residents. Residents say that the projects have given them a renewed sense of purpose in life and something to look forward to. The projects are mutually beneficial for both generations, the schools report that children’s confidence, well-being and self-esteem has increased. If a responsive, person-centred approach is taken, these projects can be just as beneficial for older people living with later-stage dementia as older people who are very cognitively able. The projects can be replicated and brilliantly, we are seeing that some care homes are starting to run the project independently of Alive! For this to be successful long term, the care home must invest in the project by allowing a dedicated member of staff the time and resources they need to nourish and maintain the relationship with the school.

Rhiannon Lane, Bright Shadow & Trish Hafford-Letchfield, Middlesex University
'Tetley’s Adventure’ – an intergenerational arts project for people living with dementia and early years children

In 2015 Bright Shadow partnered with London Early Years Foundation and Notting Hill Housing Extra Care Scheme in Westminster to run a 5-week pilot programme of themed participatory performance workshops for people living with dementia and early years children to explore how these two groups of people, separated by age, could be joined by a mutual disposition of living in the present moment, willingness to play and great imagination. The project was evaluated through a mixture of verbal feedback around structured questions, reflective evaluation from facilitators and short interviews with participants and staff conducted by the evaluator. The aim was to investigate if combining generations in immersive arts workshops would demonstrate benefits around areas of new learning, social engagement, developing friendships, enjoyment, sense of control and co-participation, sense of accomplishment and sense of self. This was a pilot project so in keeping our observations fairly broad we intended to be able to narrow the line of investigation for further evaluation in the future. This presentation will look at the project journey, results of the evaluation and the perceived benefits of staff and participants. It will also look at the learning from this project and how the partners would like to progress the work drawing on the delivery of our programme of work over the last two years, which will include: strategies and top tips for engaging effectively with the sector.

6.6 WORKSHOP

Sally Knocker, Dementia Care Matters, with Hazel Greenway, The Fremantle Trust & Annette Ayles, The Orders of St John Care Trust
Removing uniforms in dementia care – the debate matters

Following the Nursing Times poll where 57% suggested staff should wear uniform and an NHS Trust looking at reintroducing uniforms the debate continues. It is no coincidence that the first thing to achieve in DCMs care home culture change process is the removal of uniforms representing the ultimate ‘them and us’ symbol of institutional care. In learning disability services support staff rarely wear uniforms. Yet there continue to be a large number of care homes for older people where a uniform is perceived as representing smart professionalism to people living with a dementia and their families. Sally Knocker, Consultant Trainer at Dementia Care Matters will share their own experience of removing uniforms and why it is far more fundamental to a culture change movement and relationship centred care.

Hazel Greenway, The Fremantle Trust will share experiences of staff wearing pyjamas at night.

Mulberry Court has always ensured that the people living here see it as their own home, we the staff are guests. With that in mind and observing some people’s reaction to ‘uniforms’ we asked the question would you be dressed like that in your own home? Evening and night staff wearing nightwear starts the time line and prompts and encourages people to prepare for bed, our project clearly shows the introduction of pyjamas at Mulberry Court improved the well-being, nutrition and hydration and reduced falls. People are sleeping well and quality of life is better with less broken sleep and less anxiety. Since completing the project staff have changed their own beliefs and practices, and several have gone on to research other areas to continue their own growth and understanding to enable person centred dementia care to flourish within Mulberry Court.

Annette Ayles, The Orders of St John Care Trust will report the findings from a pilot project which has been undertaken within one of their care homes, where the night team wore pyjamas to trial whether this reduced the number of distress reactions at night, impacted on the prescribing of sedative or antipsychotic medications, as well as discussing the residents’ perceptions of the impact this has had on them.

6.7 ACUTE HOSPITALS STREAM

15.00-16.00 Symposium: Focus on detecting, treating and managing delirium in acute hospital wards. Panel discussion chaired by Vicki Leah, Consultant Nurse for Older People, University College Hospital London. Panel: Leena Jeskanen, Senior OT, CNWL; Dr Catherine Harvey, Consultant Ortho Geriatrician at UCLH; Rosie Shadat, Senior Nurse, Transforming End of Life Care Facilitator, UCLH; Dr Sana Mufti, SpR Stroke Fellow, Homerton University Hospital.

16.00-16.20 The next steps: action plan for a Dementia Leads Network
Enhancing Dementia Care

In Barchester’s Memory Lane Communities we support residents living with dementia to continue with their lives as independently as possible by working alongside them rather than for them. Promoting positive memories wherever we can.

Our recently introduced 10-60-06 Programme uses innovative approaches to encourage both individual and collective well-being.

Our communities are also designed creatively to attract people’s attention and promote positive memories as well as offer the choice of quiet time.

For information on Barchester’s pioneering Memory Lane Communities, or the bespoke dementia care we provide nationwide, please call our friendly care team on:

Tel: 020 3811 1321

www.barchester.com