



Dementia @ Stirling #DARG2018

Dementia Care, Design and Technology

7th-8th February 2018, University of Stirling



Contents

Welcome	1
Seminar programme	2
Keynote presentations	5
Abstracts	7
Technology	7
The Acute Hospital	9
Surveys and Population Data	12
Dementia Care: Care Homes	14
Design, Neighbourhoods and Communities	16
Housing and Accommodation	18
Quality of Life	19
Exhibitions	21
The Iris Murdoch Building	25
What's Next...	25
The Dementia Fund	25

Welcome

Welcome to the Dementia @ Stirling Seminar: Dementia Care, Design and Technology, showcasing the work of the Dementia and Ageing Research Group [DARG], the Dementia Services Development Centre [DSDC] and the Dementia Studies MSc teaching team.

There is a growing recognition of the need to bring about a transformational change in our understanding and delivery of dementia treatment and care, for people living with dementia today. At the University of Stirling we focus our research and development activity around the common goal of improving lives. Our research programmes deliver the here and now findings that have the potential to make real life differences in the immediate future.

Our research covers a vast spectrum. Our strength lies in our combined ability; collaborations harness expertise from across disciplines, and know no methodological boundaries. By bringing people together we can explore the larger picture. By working with DSDC we can bring change.

Over the next two days we hope to gain insight from each other and our external speakers and in turn stimulate discussion and ideas for the future.

I'd like to thank each of you for attending and bringing your expertise to our gathering. Throughout, I ask you to stay engaged, be proactive and help us to shape the future of dementia research and development.

A handwritten signature in black ink, appearing to read 'E. Reynish', is centered on the page. The signature is fluid and cursive.

Professor Emma Reynish
Chair in Dementia

DEMENTIA @ STIRLING

#DARG2018

Dementia Care, Design and Technology

7th – 8th February 2018

Showcasing ongoing work by the Dementia and Ageing Research Group [DARG], the Dementia Services Development Centre [DSDC] and the Dementia Studies team learning and teaching team.

Seminar programme – Wednesday 7th February 2018

- 09.00am** **Registration**
- 09.30am** **Welcome Prof. Emma Reynish**
- 09.35am** **Keynote presentation: IRIDIS – Lesley Palmer, Chief Architect at DSDC**
- 09.55am** **Technology (Chair Rob Charlton)**
- Exploring opportunities for the personalization of assistive technologies in dementia care – Dr Grant Gibson
 - RemoAge: support for frail older people in remote and rural areas in Europe – Dr Louise McCabe, Professor Alison Bowes, Dr Alison Dawson
 - Adaptive Environments: Tailoring our interventions to the individual – Ms Wendy Perry, Dementia Services Development Centre (DSDC)
 - Using Computer Vision to Guide Dementia Friendly Interior Design – Dr Kevin Swingler
 - Optimisation of Home Health Care Delivery using Evolutionary Algorithms – Dr David Cairns
 - Robotic Companions – Professor Amir Hussain
- 11.15am** **Break and exhibition**
- 11.45am** **The Acute Hospital (Chair Emma Reynish)**
- Systematic Review of the Prevalence and Outcomes of Cognitive Spectrum Disorders in General Hospital Inpatients— Ms Angela Pusram, Ms Siobhan McDermott
 - Outcomes that matter – Henriette Ebbesen Laidlaw
 - Does anti-dementia medication reduce mortality in the population with dementia aged 65 and over admitted to an acute hospital? – Dr Simona Hapca
 - Cognitive Spectrum Disorders (CSD) and the Costs of Acute Hospital Stays – Dr Alasdair Rutherford
 - Best Practice: Knowledge Exchange with Impact -Ms Shirley Law, DSDC
- 12.45pm** **Lunch and exhibition**

- 2.00pm** **Surveys and population data (Chair Alasdair Rutherford)**
- HAGIS: Scottish Longitudinal survey of ageing – Professor David Bell
 - Informal care and health outcomes in older people: exploring measures of multimorbidity – Mr Paul Henery
 - Issues with the Measurement of Informal Care in Social Surveys: Evidence from the English Longitudinal Study of Ageing – Dr Feifei Bu
 - Carers and Choice Modelling – Ms Nadine Thomas
- 2.50pm** **Dementia care: care homes (Chair Alison Bowes)**
- ‘CHARMS’ and the complexities of research in care homes – Dr Alison Dawson
 - The support networks of older people living in care homes – Ms Jennifer Ferguson
 - Exploring care home admissions from hospital using the Scottish Care Home Census – Dr Jenni Burton
 - Medicines management in care homes – Professor Alison Bowes
- 3.40pm** **Break and exhibition**
- 4.00pm** **Keynote presentation: Following through on co-production in dementia research: where can this take us? – Dr Anne Killet, University of East Anglia**
- 4.40pm** **Discussion**
- 5.00pm** **Close**

Seminar programme – Thursday 8th February 2018

- 09.00am** **Registration**
- 09.30am** **Welcome**
- 09.35am** **Keynote presentation: Housing Choices and Home Design for People with Dementia – Professor Karim Hadjri, University of Sheffield**
- 10.20am** **Design, Neighbourhoods and communities**
(10mins each + 10 mins discussion)
- Care Home Layout – Mr Martin Quirke
 - Neighbourhoods: Our People Our Places - translating research evidence into practice - Dr Richard Ward Dr Kainde Manji
 - “I felt as though I was an island”: Navigating physical, social and relational thresholds with dementia - Cate Pemble
 - A qualitative evaluation of Paths for All’s Dementia Friendly walking groups - Dr Grant Gibson
 - Carers’ time use: developing time use diaries – Dr Alison Dawson
 - Kings Park Project - Dr Corinne Greasley Adams
- 11.30am** **Break and exhibition**
- 12.00noon** **Housing and accommodation** (10 mins each + 15 mins discussion)
- Bringing together health, social care and housing services for older people: An evaluation of a new housing model - Dr Vikki McCall
 - Our Vision for Campus - The Centre for Intergenerational Wellbeing - Professor Judith Phillips
- 12.45pm** **Lunch and exhibition**
- 13.45pm** **Quality of life** (10 mins each + 10 mins discussion)
- A Good Life Project -Dr Corinne Greasley-Adams
 - Facilitating creativity in dementia care - Dr Jane Robertson
 - Support for Carers and Volunteers - Ms Lynda Hutton
 - Admiral Nursing: case management in dementia - Ms Karen Harrison Dening
 - ASUME Volunteering and Dementia - Dr Vikki McCall
- 3.00pm** **Global challenges and solutions: The challenge of care**
Presentations and panel discussion (Chaired by Professor Judith Phillips)
- India, Kenya, Uganda, Ghana, China
- 4.30pm** **Close**

Keynote Presentations



Iridis

Ms Lesley Palmer, Chief Architect at DSDC

Iridis is a collaboration between the University of Stirling's Dementia Services Development Centre and Space Group. Our vision is to support lifelong vitality for our ageing population & users of the built environment through the development and application of cutting edge technologies. In Autumn 2017 the 'Iridis Homeowner' mobile app was launched - the first in the Iridis suite of technologies. In this presentation Lesley Palmer, Chief Architect will demonstrate the Iridis Homeowner app & evaluate its contribution thus far.



Following through on co-production in dementia research: where can this take us?

Dr Anne Killet, University of East Anglia

As a researcher of long-term care, I want to help improve things. I come to this with a simple idea that the best care engages with people as whole individuals. We all know of situations where this doesn't happen. If we are trying to develop, provide or research care, I believe we should work with those people centrally affected by our work. To fail to do this is to recreate the 'doing to' that at the individual level of care is so dreaded and unwanted. But if we accept the premise, what are the implications for researching in dementia? In order to shape the nature of the research agenda the concerned community requires access and authority, yet may be doubly stigmatised through having dementia and experiencing ageism. Communication is at the heart of the research process, in design and execution, and I would argue that not only the symptoms of dementia but also the process of becoming a professional researcher affect communication. Those elements of communication that are crucial to achieving shared understanding where cognitive processes are struggling, for example context or non-verbal communication, may be undervalued in a formal research process. In this presentation I will discuss the challenges and rewards of co-production approaches with reference to completed and ongoing projects researching care homes, older people's involvement in research, ethics committee practices and dementia friendly communities.



Housing Choices and Home Design for People with Dementia

Professor Karim Hadjri, School of Architecture, University of Sheffield

One major challenge of population ageing is the development of more imaginative and inclusive forms of collective housing and neighbourhoods. Older people who wish to age-in-place often need to adapt their domestic environment to ensure independence, accessibility and social connectivity. This is increasingly challenging for people with dementia who live at home given the risks of self-harm or accidents.

For a person with dementia a move to a new environment such as a nursing home is often a stressful experience, causing shock, withdrawal and anger. Despite recent development in dementia-friendly environments, more research is still required to develop more fitting long term housing options for people with dementia.

This talk (a) presents an assessment of the design of dementia nursing and residential care homes according to the design guidelines published in the Design for Dementia Audit Tool of the Dementia Services Development Centre through postal questionnaires addressed to facility managers; and (b) explores housing choices available to people with dementia, and identifies potential issues with design of nursing homes in the UK context through interviews with facility managers.

Technology

Exploring opportunities for the personalization of assistive technologies in dementia care

Dr Grant Gibson (University of Stirling)

This presentation reports on pilot findings and future plans for a body of work exploring the need for greater personalization in the provision of assistive technologies for people with dementia. Research has previously highlighted attempts to mainstream assistive technologies through technology enabled care services. Yet despite this, there remain significant barriers to the continued mainstreaming of technology in dementia care. In this presentation we will explore the research exploring models of technology enabled care service provision, with a view to suggesting new service models for technology enabled care in dementia which place greater focus on the individualization and personalization of assistive technologies. Finally, the presentation will discuss future plans for research at the University of Stirling which will take this personalization agenda forward.

RemoAge: support for frail older people in remote and rural areas in Europe

**Dr Louise McCabe, Professor Alison Bowes,
Dr Alison Dawson (University of Stirling)**

The paper presents the findings from an evaluation of a three year project to improve support to frail older people living in remote and rural areas in Europe through innovative care solutions, many involving the use of ICT. The project involved fieldsites in remote regions of Norway, Sweden and Scotland including 11 municipalities in the region of Norbotten in Sweden, Tromsø and an adjacent municipality in Norway, and the Shetland Islands and the Western Isles in Scotland.

The evaluation presented here draws together primary data collected by the research team through interviews and focus groups along with data collected in the individual fieldsites by local staff working in each area. A range of new services and interventions were implemented many incorporating ICT devices such as tablet computers and GPS tracking devices. Technology was found to enhance care delivery in a number of ways, for example, it was key in enhancing

communication between different stakeholders including older people and their carers and promoting collaboration within multidisciplinary teams. The project further supported transnational learning with field sites providing support and sharing ideas with each other. The project demonstrates the potential of innovative care solutions to improve quality of life for older people and enhance staff experiences in remote and rural areas and the benefits of working cross-nationally to achieve this..

Adaptive Environments: Tailoring our interventions to the individual

**Ms Wendy Perry,
(Dementia Services Development Centre (DSDC))**

Roughly two thirds of people living with dementia in the UK are living in the community. Many in their own home or in the home of a family member, and some may be in sheltered housing. At the DSDC we recognise that there is often a knowledge gap that exists for people living in the community regarding environmental adaptations that could support their cognitive changes, and enable them to maintain independence in their home. We have been addressing the importance of dementia supportive design within health and social care services for many years, and as a result more of those environments are being designed and built to a standard that supports cognitive loss, but those same principles can be applied within domestic settings and housing settings.

In the past year it has become apparent that there is a need for learning opportunities to assist Allied Health Professionals, Care and Repair and family carers to learn about practical adaptations they can use to support the individual with dementia to maintain their independence in their home for as long as possible. The DSDC's new course will bring the use of Dementia Friendly Principles into domestic settings to explore possible interventions which may most benefit that individual. Those interventions can then be considered so that the interventions of most benefit can be prioritised to prevent the individual being overwhelmed by a large number of changes happening in their environment all at once.

Using Computer Vision to Guide Dementia Friendly Interior Design

Dr Kevin Swingler (University of Stirling)

People with dementia can experience degraded visual acuity that is a result of changes in brain function rather than damage to the eyes. Ability to recognise objects diminishes and so does the ability to locate objects and distinguish them from their background. Good design of the living environment can help people with degraded visual processing to locate objects. For example, certain patterns on carpets can hinder the ability of a person to discern where the edges of a coffee table lie and bathroom suites that are similar in colour and reflectance to the tiles behind them can be difficult to isolate. There are guidelines for designing such spaces and there are products such as carpets that have been assessed as dementia friendly but the task of assessing an environment for its suitability for people with dementia requires expertise. We have used computer vision and machine learning techniques to teach a computer to recognise dementia friendly (or unfriendly) elements in a room with the goal of helping people design environments that help people with degraded sight. The ultimate goal is to develop a mobile app that can take photographs of a room and make recommendations about what design aspects might be improved.

Optimisation of Home Health Care Delivery using Evolutionary Algorithms

Dr David Cairns (University of Stirling)

Routing and scheduling of home health care services is a computationally challenging problem that is common to many health care service providers. This talk will show how we have used evolutionary algorithms (EA) to optimise not only the routing of home health care providers but also worked to meet the preferences of the users where possible. A comparison will be shown of routing time versus preference trade off across different geographical scenarios. It will then be shown that an EA solver can make it possible to meet most users preferences with only a relatively small extra travel cost for service providers, even under different geographical constraints.

Sport reminiscence, sport archives and assistive technologies

Professor Richard Haynes (University of Stirling)

This talk will explore the issues and potential research opportunities for investigating the use of sport reminiscence in the social care of people with dementia. Sport reminiscence, or sporting memories interventions, are now widely used to make connections across emotions and memories, to improve quality of life and reduce the negative impact of Alzheimer's and other forms of dementia. Although anecdotal reports and case studies suggest positive links between sport reminiscence (and related physical therapies) and the benefits for people living with dementia there is a distinct lack of both clinical and social research on the subject. In terms of my own research interests which focus on the intersections between sport, digital media, heritage and cultural memory, there are clear opportunities to explore why sport and the use of sport archives may provide ideal resources for low-cost and highly effective interventions in the social care of dementia sufferers by carers, volunteers and family members. However, there are also issues around access to resources due to copyright or commercial barriers, the lack of investment in such interventions and lack of knowledge about what the most effective form of technological support would be in this context.

Robotic Companions

Professor Amir Hussain (University of Stirling)

In this talk, we outline the potential of exploiting artificial intelligence (AI) and deep learning technology, to develop the next-generation of emotion-sensitive, artificial companions that can support people with cognitive spectrum disorders. Our hypothesis is that deep learning-driven, 'contextual' integration of multimodal (e.g. personal, clinical and socio-environmental) Big data, can be effectively utilized to develop human-like companions. These would enable more natural human-machine interactions, and support a range of smart functionality, such as prognostic diagnosis, remote monitoring, preventative care and rehabilitation of people, with cognitive impairments.

The Acute Hospital

The OPRAA Cohort

In 2009 the Scottish Government Joint Improvement Team funded the NHS Fife Dementia Co-ordinating Group to design and implement the Older Persons Routine Acute Assessment (OPRAA). OPRAA is based on the principles of “comprehensive geriatric assessment”, with trained specialist nurses carrying out a structured assessment during the first 24 hours of admission, including an Abbreviated Mental test (AMT); the Confusion Assessment Method (CAM) for the presence of delirium; an assessment of the presence of delirium based on clinical history, examination, and informant report; and documentation of the presence of a pre-admission diagnosis of dementia from self/informant report and/or hospital and primary care records. By design, individuals with a predicted length of stay less than 24 hours, where death is expected, or with an acute illness requiring critical care intervention do not undergo an OPRAA. Since 2011, the majority of people aged 65 years and over admitted as an emergency to an NHS Fife hospital have undergone an Older Persons Routine Acute Assessment (OPRAA).

The OPRAA data is collected by trained specialist nurses and recorded in the NHS Fife electronic patient administration system (PAS) for NHS use during the admission. The hospital uses the unique NHS Scotland Community Health Index (CHI) number as the patient identifier, allowing linkage to other NHS Scotland datasets via the Health Informatics Centre (HIC), part of the Farr Institute, University of Dundee. HIC Standard Operating Procedures have been reviewed by the NHS Tayside Research Ethics Service and research use is done with the consent of the NHS Fife Caldicott Guardian. The OPRAA dataset is linked to the Scottish Morbidity Records 01 (SMR01) data, which is a validated NHS Scotland routine dataset including age, sex, date of admission and discharge, type of admission, and whether the patient was admitted from a residential care or nursing home. It is also linked to the Community Health Index (CHI – the NHS Scotland patient register), SMR04 data on psychiatric admissions, CHI national mortality data and community dispensed prescribing data.

Epidemiology and outcomes of people with dementia, delirium and unspecified cognitive impairment in the general hospital: findings from the OPRAA cohort

Professor Emma Reynish (University of Stirling)

Cognitive impairment of various kinds is common in older people admitted to hospital, but previous research has usually focused on single conditions in highly-selected groups, and has rarely examined associations with outcomes. This study examined prevalence and outcomes of cognitive impairment in the OPRAA cohort. Between 01/01/12 and 30/06/13, admissions to a single general hospital acute medical unit aged 65+ underwent a structured specialist nurse assessment (n=10,014). We defined ‘cognitive spectrum disorder’ as any combination of delirium, known dementia, or Abbreviated Mental Test (AMT) score <8/10. Routine data for length of stay (LOS), mortality and readmission were linked to examine associations with outcomes.

Cognitive spectrum disorder (CSD) was present in 38.5% of all over-65s admitted, and over half of over-85s. 16.7% of older people admitted had delirium alone, 7.9% delirium superimposed on known dementia, 9.4% known dementia alone, and 4.5% unspecified cognitive impairment (AMT score <8/10, no delirium, no known dementia). Of those with known dementia 45.8% had delirium superimposed. Outcomes were worse in those with CSD compared to those without: LOS 25.0 vs 11.8 days, 30-day mortality 13.6% vs 9.0%, one-year mortality 40.0% vs 26.0%, one-year death or readmission 62.4% vs 51.5% (all p<0.01). There was relatively little difference by CSD type, although people with delirium superimposed on dementia had the longest length of stay, and people with dementia the worst mortality at one year.

Systematic Review of the Prevalence and Outcomes of Cognitive Spectrum Disorders in General Hospital Inpatients

**Ms Angela Pusram, Ms Siobhan McDermott,
Professor Emma Reynish (University of Stirling)**

This systematic review covers the domains of cognitive impairment, dementia and delirium both separately and in a combined fashion, thereby summarising the majority of this subject area for the first time. It aims to address four questions: 1) What is the prevalence of cognitive spectrum disorders (CSDs; including cognitive impairment, dementia, and/or delirium) in older people admitted to hospital as emergencies? 2) What outcomes have been reported/observed/studied and how have they been measured in the CSD field in the general hospital? 3) What are the differences in outcome in the emergency hospital population with and without a CSD? 4) What are the associations of cognitive impairment/dementia/delirium with outcomes in observational studies?

After the search strategy was finalised literature was identified using EMBASE, Medline via OVID, CINAHL, PsycINFO via OVID and Cochrane. Of 422 articles reviewed for full-text assessment, 143 articles matched our inclusion criteria and were included for data extraction. Data extraction was performed by two independent reviewers, with a random sample of 25% of all included studies independently cross-checked by both reviewers to ensure consistency of extraction and quality assessment. All conflicts were resolved by consensus.

With this review we demonstrate considerable variation in reported prevalence and outcome for the various CSD's. Methodological heterogeneity covering case finding, diagnostic criteria, screening for delirium, population studied and age range included account for some of this variation, but CSD's are common in the hospital population and reported outcomes are generally worse for those with CSD compared to the age matched population without.

Outcomes that matter

**Ms Henriette Ebbesen Laidlaw
(University of Stirling)**

This research forms part of OPRAA a larger research project funded by the National Institute of Health Research (NIHR) Understanding the outcomes of

people with cognitive impairment and/or dementia admitted to the general hospital. Using a survey we explore the outcomes that are important to people with dementia or confusion and/or their carers and family who have experienced a hospital admission.

A semi structured online questionnaire were conducted from April to August 2017. A total of 78 people responded to the survey, of these 7 were people living with dementia and 71 were family or carers. Their responses have been analysed according to a descriptive thematic analysis, and themes were discovered inductively with a focus on identifying negative and positive experiences and outcomes. The findings from this study will be used in conjunction with the wider finding in the OPRAA project to inform future research into potential interventions.

Does anti-dementia medication reduce mortality in the population with dementia aged 65 and over admitted to an acute hospital?

**Dr Simona Hapca, Professor Emma Reynish,
Mr Robert Donnan (University of Stirling and
University of Dundee collaboration)**

People with dementia experience poor outcomes following hospital admission, with mortality being particularly high. There is no cure for dementia; anti-dementia medication have been shown to improve cognition, but their effect on mortality in real-world settings is little known. This study examines associations between anti-dementia medication and mortality in older people with dementia following an emergency medical admission.

A retrospective cohort study of 6983 people with known dementia aged 65+, with a medical emergency admission between 01/01/2010-30/06/2015 and with two-year follow-up. People with dementia were identified based on the ICD10 codes from Scottish Morbidity Records 01 for general admissions and psychiatric admissions, and the Community Prescribing data. The latter dataset was used to identify people, who were in receipt of a licensed medication for dementia, and the duration of treatment. Two classes of anti-dementia medication were considered: the cholinesterase inhibitors (ChEIs: donepezil, galantamine and rivastigmine) and memantine. Mortality was examined using a Cox proportional hazards model with time-varying covariates for the prescribing of anti-dementia medication on admission and during the two-year follow-up.

32.8% (n=2295)) of patients with known dementia were under the receipt of an anti-dementia medication on admission, with 24.3% (n=1700) being prescribed one of the ChEIs, 7.0% (n=491) memantine and 1.5% (n=104) both types of medication. 36.0% (n=2514) of these patients died in the two years after admission, compared to 58.8% (n=4106) of those free of anti-dementia medication on admission. The Cox model, adjusted for demographics, co-morbidity and poly-pharmacy including ACB adjustment, showed a significant reduction in mortality risk in patients treated with cholinesterase inhibitors (Hazard Ratio HR=0.56, 95%CI 0.51-0.62) or memantine (HR=0.64, 95%CI 0.56-0.73) or both (HR=0.75, 95%CI 0.59-0.95).

Risk of death is reduced in those patients treated with anti-dementia medication, suggesting some disease modifying effect of these classes of medication. Further research is required to determine direct causal relationships between the use of anti-dementia medication and mortality.

Cognitive Spectrum Disorders (CSD) and the Costs of Acute Hospital Stays

**Dr Alasdair Rutherford, Dr Feifei Bu
(University of Stirling)**

Over the last a few decades, most developed countries have experienced a steady increase in their older population, in particular older people aged 80 or over. One challenge we face is an increasing demand for healthcare services and accordingly healthcare expenditure.

The review finds that those individuals with dementia have worse outcomes including increased length of hospital stay, functional decline, and discharge to institutional care. It also found that cost of treatment was higher for those with dementia (Mukadam 2011). Most of the existing literature focused on an estimation of total or per capita cost of a particular type of CSD, for example dementia. In contrast, there are far fewer studies having explored how the costs of CSD patients differ from non-CSD patients and the cost variations between patients with different CSD conditions.

We analysed the cost trajectories of patients with different CSD conditions drawn from the Older Persons Routine Acute Assessment (OPRAA) cohort in NHS Fife. We found that patients with CSD had significantly higher hospital costs at their incident admission compared with non-CSD patients. We examine the main drivers of this cost difference, finding that the

average day costs of CSD patients were significantly lower than that of non-CSD patients as CSD patients were more likely to be transferred to relatively less costly specialties following their initial admission. Although low average day costs drove down total costs, CSD patients still accumulated higher costs because they generally had much longer hospital stays. We also demonstrate the cost heterogeneity within the CSD group. Patients with delirium superimposed on dementia generally have significantly higher total costs, but lower average day costs compared with patients with other CSD conditions. Further research is required to explore the differences among patients with different CSD conditions.

Best Practice: Knowledge Exchange with Impact

**Ms Shirley Law
(Dementia Services Development Centre (DSDC))**

DSDC draws on research and practice from across the world to provide comprehensive, up-to-date educational resources on all aspects of dementia. Our aim is to drive continual improvement in dementia care and improve the lives of people with dementia and their family carers. Working with international partners we are able to share resources that are evidence based, reflect the reality of practice and address local circumstances, all of which can have a significant impact on positive change. The key to successful impact is education and involving those individual practitioners who are driven, passionate and forward thinking in order to make lasting change happen.

The programme achieves the fundamental purpose of improving the person's lived experience of dementia by changing values, attitudes and beliefs about dementia. Many of the care staff have previously not had opportunities for effective learning in this area of practice. Often these staff have worked in healthcare for many years and have deeply held views about people with dementia that impact on their practice. Due to the success of the programme in the UK, it has now been recognised as a tool to develop workforce and services internationally.

Surveys and Population Data



HAGIS: Scottish Longitudinal survey of ageing

**Professor David Bell, Dr Elaine Douglas,
Dr Alasdair Rutherford (University of Stirling)**

HAGIS (Healthy AGing In Scotland) is the first longitudinal study of ageing in Scotland. It is a study of many facets of the lives of older Scots – their financial and social circumstances, their work or retirement and, importantly, their health. It is a member of the worldwide network of such studies which have developed from the Health and Retirement Study (HRS) in the USA, many of which have been funded by the US National Institute of Aging (NIA). HAGIS has been funded by the NIA and the Nuffield Foundation. They have jointly funded the initial pilot phase of HAGIS, which involved interviewing 1000 older Scots (those aged 50+) randomly selected across Scotland's mainland health boards. The interviews were conducted at a household level, and involved speaking to all qualifying adults within the household.

Each adult was also left with a “self-completion” questionnaire which covered a set of more sensitive questions. The main interviews took around 2 hours and covered the following topics: household demographics, social circumstances, employment,

income & assets, expectations & retirement, financial literacy, cognitive health, physical health, health behaviour, activities of daily life & helpers, social participation. The interviews were completed in June 2017. The data were subsequently cleaned and an initial analysis carried out. These findings were the subject of a major conference in Edinburgh in December 2017, which was attended by the closely related studies in England (ELSA), Ireland (TILDA) and Northern Ireland (NICOLA) as well as by the HRS. Papers were presented on a diverse range of topics such as physical activity, cognition, financial literacy, subjective life expectancy and volunteering among older people.

The aim is now to raise funding for a first full wave of HAGIS, where the number of interviewees would increase to around 7000. The ultimate goal is to revisit the survey respondents every two years to gain insight how their circumstances are changing over time. This is particularly important for cognition, where the study might provide important insights into processes of cognitive decline. In addition because it is possible to link the survey data with health data (under strict consent rules), the HAGIS study can potentially provide the most complete understanding of the full range of social and economic circumstances of those affected by dementia.

Informal care and health outcomes in older people: exploring measures of multimorbidity

Mr Paul Henery (University of Stirling)

The older population within developed countries is steadily increasing, leading to increased pressure on health services. Most of this demographic have multiple conditions (multimorbidity), which is difficult to measure in a methodological context. In Scotland, efforts are being made to integrate health and social care under one joint body in order to provide a person-centred environment where older people with complex needs receive tailored care at home. In this context it is important to consider the supplemental effect of informal care, which is usually provided by close family members and not subject to means assessment.

This quantitative longitudinal study uses multiple waves of the Scottish Health Survey (SHeS) linked to SMR admissions data. It considers multiple measures of multimorbidity (such as self-reported or ICD-10 flagged condition indices) in order to determine which is the best tool for predicting both mortality and informal care use amongst older people. The effect on informal care on mortality in conjunction with multimorbidity is also considered. In addition, this study attempts to derive the best predictive model for both mortality and use of care, using additional explanatory variables such as deprivation, age and sex.

This study primarily uses nested logistic regression models with summary statistics such as the AIC, BIC, R-squared and ROC curve as well as preliminary bivariate analyses.

Issues with the Measurement of Informal Care in Social Surveys: Evidence from the English Longitudinal Study of Ageing

Dr Alasdair Rutherford, Dr Feifei Bu (University of Stirling)

Informal care plays a significant role in the care system for older people in the United Kingdom, and this is projected to increase considerably in the next three decades as the population ages. Understanding these trends requires a good quality measurement of

informal care. In this study, we compare care givers' responses to different informal care questions from the English Longitudinal Study of Ageing (ELSA) to investigate the influence of question design on the self-reporting of informal care. We also analyse spousal care dyads in order to model discrepancies in the reporting of care provision between spouses to provide an insight into the reliability of informal care measurements. We find that the most common measures used are likely to be under-estimating both the scale and scope of informal care, and we recommend careful consideration of the content of informal care survey questions in order to operationalise the measures of informal care activities.

Carers and Choice Modelling

Ms Nadine Thomas (University of Stirling)

There is growing pressure on families and friends to provide informal support for older people with complex health and social care needs. New legislation in Scotland coming into force in April 2018 places a duty on Integration Authorities (integrated NHS boards and local authorities) to provide support to carers with eligible needs that is personalised. Despite evidence suggesting the positive effects of interventions to support carers, in some cases uptake of formal services across the UK by carers is low. How local areas plan services to meet the needs, aspirations and preferences of a diverse group of unpaid carers is a question of ongoing concern.

This Centre for Population Change PhD study gathers information on the stated preferences of carers of older people in Scotland in order to better understand the factors that may be involved in the decision to use services to meet their own needs. It uses focus group and survey data to investigate the stated preferences of carers for older people towards support (including information services, training and education, practical assistance, emotional support and counselling and a short break), and relationships between carer characteristics (age, gender, carer relationship) and preference. Insights into the variety of preferences held by carers might be used to inform the selection of services and efficient and effective allocation of resources.

Dementia Care: Care Homes



'CHARMS' and the complexities of research in care homes

Dr Alison Dawson, Professor Alison Bowes, Dr Corinne Greasley-Adams, Dr Louise McCabe (University of Stirling)

Ms Ruth Jepson, Ms Hannah Biggs (University of Edinburgh)

This presentation provides insight into some of the complexities of conducting research in, and with, care homes. It uses as a case example the process of obtaining ethical approval for fieldwork in connection with 'CHARMS' (Care Homes Adopting Realistic Movement Strategies), a project funded by charitable organisation the Healthcare Management Trust. The CHARMS project aims to promote increased physical activity for care home residents with cognitive impairment and dementia. The ethical approvals process for the evaluation stage of this project illustrates aspects of the challenging nature of research in care homes, and the experiences of DARG researchers on this project highlights key practical issues which add to project complexity.

The support networks of older people living in care homes

Ms Jennifer Ferguson, Doctoral Researcher, (University of Stirling)

The support that older people living in care homes receive on a day-to-day basis is essential for maintaining wellbeing. The support networks of older people are composed of a range of people from friends and family, to specialised staff and carers. These relationships provide different types of support, resources and knowledge, which can help residents in a number of different ways. In Scotland, the combination of an ageing population and the increasing specialised needs of older residents, means it is important to understand how best to support this population. This paper will discuss how I intend collect data on the support networks of older residents and explore how these networks may differ from person to person, depending on their socio-economic status. Further, I will discuss how these networks may be affected by the care home itself, and how the organisational culture may affect what resources the resident utilises and how this may affect their wellbeing.

Exploring care home admissions from hospital using the Scottish Care Home Census

Dr Jenni Burton, University of Edinburgh

Contributors: Ms Ellen Lynch, Prof Alasdair MacLulich, Prof John Starr, Dr Susan Shenkin (University of Edinburgh), Professor Emma Reynish (University of Stirling)

UK health policy documents advise that care home admission from the acute hospital setting should be avoided. In practice, 47% of admissions to care homes in Scotland come from hospital, although it is not known how many come from acute hospitals rather than from rehabilitation facilities.

Routine data offer potential to explore this topic, without additional burden to residents, using an inclusive methodology. The Scottish Care Home Census (SCHC) is an annual submission from care home staff about the home and all long-stay residents (≥ 6 weeks).

A retrospective cohort study was conducted by analysing SCHC data of all long-stay admissions between 2013-2016. The aim was to describe the characteristics of individuals admitted to Scotland's care homes, comparing those admitted from hospital to those admitted from home. Permission to use the data was provided by the Public Benefit and Privacy Panel and the Scottish Government Health and Care Analysis Team. Data were anonymised and had other potentially identifiable information removed. These data were uploaded to the National Data Safe Haven for analysis. The data were cleaned and a cohort was formed comparing those admitted from hospital ($n=12,113$) to those admitted from home ($n=9,255$).

Analysis of the two groups identified those admitted from hospital appeared to be more unwell, more dependent and more likely to die within the census year than those admitted from home. Linkage of the Scottish Care Home Census to health data sources offers potential to explore pathways into long-term care and better understand the needs of this complex population.

Medicines management in care homes

Professor Alison Bowes and Mr Christopher Poyner, University of Stirling

Dr Lesley Diack, Dr Midj Falconer and Dr Hannah Young (Robert Gordon's University, Aberdeen)

eMAS (eMAP in Scotland) is an electronic medication management software programme, patented in the USA. It can match observed changes in behaviour or adverse events that may be experienced by older people, such as falls, to their medication history and can identify which of their medications may produce adverse drug reactions similar to the events observed.

The system is used in many care homes in the USA, and assists staff to identify adverse medication reactions and address them. The evaluation aimed to explore the feasibility and potential of the system in Scottish care homes. Fieldwork in six care homes identified both possibilities and challenges for implementing the system in a Scottish context.

Design, Neighbourhoods and Communities

Care Home Layout

Mr Martin Quirke (Dementia Services Development Centre (DSDC))

This paper presents an overview of an international PhD project that uses novel assessment methodologies to establish the dementia design quality of residential aged care (RAC) settings.

New evidence-based design assessment methods for RAC settings were developed, being informed by the mathematical space-behaviour techniques of Space Syntax (Hillier 1984) and the dementia specific Environmental Audit Tool (Fleming et al 2013). These methods were then used to carry out floorplan-based design assessments of 184 residential aged care units; 94 of these recruited from care organisations across New South Wales, Australia, and a further 90 units were sourced from specialist publications

The results provide several valuable insights on the physical characteristics of existing RAC settings, including: identifying the significant impact that building layout design the overall dementia enabling qualities of care environments; establishing overall measures of design quality amongst existing residential aged care environments, and showing how these have changed over time; identifying the areas of RAC layout design with the greatest room for improvement; and (of particular interest to architects) identifying several RAC layout types that are likely to have a positive impact on the wellbeing of residents living with dementia

Neighbourhoods: Our People Our Places - translating research evidence into practice

Dr Richard Ward Dr Kainde Manji (University of Stirling)

Neighbourhoods: Our People, Our Places is an international research project looking at how we can support people living with dementia to remain active in their neighbourhoods for longer. The project has recently secured funding from The Life Changes Trust to develop the Forth Valley Participatory Neighbourhoods

project alongside local partners including Artlink Central, Stirling Council and the NHS. This presentation will share some of the early findings from the research and demonstrate how these will be used to support the empowerment and inclusion of people living with dementia within the Forth Valley area.

“I felt as though I was an island”: Navigating physical, social and relational thresholds with dementia

Ms Cate Pemble (University of Stirling)

Over the last decade there has been a growing emphasis on creating dementia friendly spaces and communities. Indeed, the question of what dementia friendliness is, and how we achieve it is fiercely contested. Despite this, however, one aspect remains unexamined. By marking out dementia friendly spaces, we construct a point beyond which spaces are not dementia friendly just as our search for ‘best practice’ marks a difference between ideal and non-ideal approaches. Yet we often rely on our intuition in regards to where we think one space, role, or behaviour ends and another begins. This study explores these troublesome thresholds, exploring how people with dementia experience, navigate and manage social, physical and relational thresholds in daily life.

This presentation reports the results of an ethnographic investigation into what it means to cross thresholds with dementia. 11 people with dementia living in Scotland took part in the current study, resulting in over 70 hours of audio data in addition to fieldnotes and digital photographs. Three key points form the core of this presentation: firstly, the importance of physical thresholds both as borders which separate the person with dementia from ‘otherwhere’ and as borders which control how or if the ‘other’ can access the person with dementia. Secondly the experiences of navigating shifting social thresholds in the context of the dementia journey, and the impact of others on the experience of crossing thresholds with dementia. Finally, the tools and techniques used by people with dementia to manage thresholds will be discussed.

A qualitative evaluation of Paths for All's Dementia Friendly walking groups

**Dr Grant Gibson, Dr Jane Robertson,
Ms Cate Pemble (University of Stirling)**

**Mr Rog Harrison, Ms Kim Strachan,
Sheila Thorburn (community researchers)**

This presentation reports on the results of a qualitative evaluation of a dementia friendly walking groups programme provided by Paths for All. The evaluation project took place between April and June 2017. Drawing upon qualitative methodology using the expertise of three community researchers, researchers carried out a series of walking interviews with people with dementia and their carers, alongside a visual analysis of group walks, and focus groups with group members. Five themes emerged from the analysis; being with other people, being outdoors, ethos and atmosphere, feeling secure, and leadership and organization. Walking groups played an important part in enabling people with dementia to access the outdoors, engage in physical activity and engage with other people in a safe and secure environment. Recommendations include ensuring walk leaders receive adequate training, recognizing walk leader's wider roles, ensuring access to a range of localities, and building an inclusive model for walks, rather than walks exclusively for people with dementia.

Carers' time use: developing time use diaries

**Professor Alison Bowes, Dr Alison Dawson,
Ms Nadine Thomas (University of Stirling)
Ms Rosalie Ashworth (now University of Exeter)**

This presentation provides an account of methodological innovation in the collection of time use data on informal care and support. It describes the development of time use diaries by a team of DARG researchers for 'Unpaid care for older people: a study of carers' time', an ESRC-funded project which forms part of a programme of work by the Centre for Population Change ('CPC-II'). The project aims to: improve understandings of patterns of carer time-use; support the development of questions used in large-scale survey research; and provide usable up-to-date data for exploring trends in caring for older people. Findings from an earlier qualitative stage of the project and feedback from a local panel of carers informed the design of a time-use data collection tool specifically to collect information from carers about time that they spend caring and supporting. The presentation considers the ways in which the 'diary' has been 'tailored' to take into account the needs and preferences of carers, and the implications of this for analysis of data obtained. Data collection for the project is in its final stages and the project will report full findings later in the year.





Housing and Accommodation

Bringing together health, social care and housing services for older people: An evaluation of a new housing model

Dr Vikki McCall, Dr Louise Hoyle, Mr Saminda Gunasinghe (University of Stirling and Edinburgh Napier University collaboration)

This research report outlines a comprehensive evaluation of the 415 Hub and Cluster Innovation Project model being delivered by the Wheatley Group, Scotland's largest social landlord. It aimed to support older people in a deprived area of Glasgow and nationally by implementing demonstrator flats for training around design and technology, community engagement partnerships, promoting active aging, technology, digital inclusion, capital investment systems and improvements to the identification process for front-line staff. This talk explores the impact of this project for both users and wider stakeholders and gives an assessment of the viability of this Hub and Cluster housing model for the future.

Our Vision for Campus - The Centre for Intergenerational Wellbeing

Professor Judith Phillips (University of Stirling)

Judith will speak about plans to develop the Centre for Intergenerational Wellbeing, located on the University of Stirling's 330-acre campus. This will bring together pioneering research, businesses and future technologies from across the world, to provide innovative solutions to the global challenges and showcase the opportunities created by ageing populations. The Centre will build on a distinctive set of research strengths in dementia and ageing, sport and physical exercise, health behaviour, health economics and marketing, to provide a better future in older age. This international Centre will provide modern approaches, interventions and solutions, informed by cutting-edge research and technological innovations that promote healthy lifestyles and greater independence in older age.

Quality of Life

A Good Life in Later Years

Dr Corinne Greasley-Adams
Dr Corinne Greasley-Adams, Dr Jane Robertson,
Dr Grant Gibson, Dr Vikki McCall
(University of Stirling)

The “A Good Life in Later Years” project, funded by the Life Changes Trust and undertaken in collaboration with Age Scotland, adopts a unique and innovative methodology to identify what older people feel is important to quality of life, and what is needed to achieve/maintain a good life in later years. Rather than being about older people, this project is BY older people. It involves 30 volunteer researchers (over the age of 50 years) who have joined 5 community research teams across Scotland and been equal partners at all stages of the research and in generating in-depth rich information about what makes a good life in later years.

Community researchers have played a fundamental role in capturing visual representations, running focus groups and in developing a quality of life questionnaire. This exhibition will showcase the images captured by the community researchers and provide summaries of what these images represent. Within the exhibition there are images around the following 16 themes, which our analysis has shown are all important in ensuring a good life if later years.

Facilitating creativity in dementia care

Dr Jane Robertson, Dr Vikki McCall
(University of Stirling)

The link between ‘the arts’ and dementia is a growing area of interest as people look for innovative ways to deliver positive health and social care outcomes. Increasing interest in the role of the arts in dementia parallels wider academic and policy discourses in the cultural sector around everyday participation and cultural value, with an emphasis on social inclusion. This presentation considers engagement and participation in creative and arts-based activities based on data from evaluation research. Applying a relational model of citizenship, we focus on the influence that interpersonal relationships with staff and volunteers may have on the social interactional elements of creative activities in the context of dementia care settings.

Support for Carers and Volunteers

Ms Lynda Hutton
(Dementia Services Development Centre, DSDC))

Research plays a pivotal role in helping us to develop a deeper understanding of the impact of dementia on both the person and their family. Reminding us that to support well-being and quality of life, it is fundamental to consider psychological and social well-being, in addition to the biological changes within the brain. Evidence based research has the capability of transforming the lives of families living with dementia. Therefore translating knowledge in to practice for family carers and those in the voluntary sector, at the forefront of support is imperative for improved quality of life.

The DSDC are presently running educational workshops for family carers and volunteers, considering strategies and practical solutions that may support them in their role. Raising awareness of possible issues such as visual perception and possible implications this may have on activities of daily living. How reflective surfaces, mirrors, colour contrasting and patterns can impact on a person, and considering practical solutions that may be helpful. The importance of creating a relaxed environment, and the importance of decreased noise levels, less clutter, increased daylight and promoting meaningful activity. Understanding that behaviour has meaning and if we find out the meaning this may help to alleviate stress and distress. The importance of approach and the significant role body language can play, and how this can determine whether we receive a positive or negative response from the person living with dementia.

DSDC’s aim is to support well-being and improved quality of life for all families living with dementia.

Admiral Nursing – case management in dementia

Ms Karen Harrison Denning (Dementia UK)

Admiral Nursing has evolved from delivering an intervention specifically aimed at supporting family carers to one that supports the whole family through a case management approach. Case management has a long and successful history in supporting people with long term conditions and people with a diagnosis of severe mental illness but is a relatively new concept in dementia with early UK research being inconclusive, however, it is proving to be a successful model in other countries. This presentation will present data from a recent national, multi-centre service evaluation to support Admiral Nurse case management in support of good quality of life for families affected by dementia.

ASUME Volunteering and Dementia

Dr Vikki McCall, Dr Louise McCabe, Dr Alasdair Rutherford, Dr Feifei Bu, Dr Mike Woolvin, Dr Michael Wilson, MS Shirley Law, Denning (Dementia UK)

This presentation presents findings from the project the role of volunteering in dementia care that has brought together the diverse areas of volunteering, dementia and housing. Beginning in 2014, the project has undertaken a series of investigations including secondary analysis, surveys and interviews that includes volunteers, volunteer organisations, people living with dementia and carers. The results include insights into volunteering and dementia care across different settings throughout Scotland and England.

The presentation is primarily aimed at outlining the overall guidance for practitioners called ASUME Volunteering in Dementia. This stands for Attract, Sustain, Understand, Motivate and Environment (ASUME). The findings are all brought together under these headings to give insights to various themes. The ASUME website (www.asume.co.uk) outlines an overview of the findings in an easily accessible platform. The presentation will outline the background, methodology, development of the guidelines and the detailed findings from the quantitative and qualitative data to show a wide range of insights for those looking to work and support volunteers, those living with dementia and carers.

Exhibitions

Edward McLaughlin's Art Exhibition

An exhibition of Edward McLaughlin's work is currently on display with us at the Iris Murdoch building. When Edward McLaughlin, an internationally esteemed engineer and amateur artist, received a diagnosis of dementia in 2002, he retreated for a long time into inactivity and depression.

When he eventually took up art again he discovered to his amazement that he now saw the world and in particular colours quite differently. A series of vibrant portraits gave expression to his new visual sensibility and contrasted markedly with the meticulous pencil drawings typical of his work before diagnosis.

Barons Furniture



Barons Contract Furniture and are manufacturers and suppliers of contract furniture predominantly to the Care Industry. They are situated in Lytham St Annes, and are ideally located within easy reach to the motorway network, we cover the whole of the UK for both our delivery and room placement service together with our unique Display Van Service, enabling the scheme managers and residents alike the opportunity to look at the furniture and fabric samples prior to placing orders.

Their mission at Barons is to produce furniture that is truly 'Designed for Living', they design and manufacture furniture that really does improve living environments and enriches lives. Barons have over 40 years' experience of furnishing the Care Industry you can be assured that Barons furniture is the perfect blend of sound construction and cutting edge design.

Barons have recently gone through an exciting period of growth and expansion, our NEW brochure illustrating our innovative and exciting new ranges of furniture and website have been launched and we continually investing in our overall company infrastructure to ensure we continue to provide an excellent level of customer service to both new and existing clients.

Contact details

Telephone: +44 (0) 1253 741940

Website: <http://www.baronsfurniture.co.uk/>

Email: sales@baronsfurniture.co.uk

Discrete Heat



DiscreteHeat are UK based manufacturers of the ThermaSkirt 'EascyClean' radiant skirting heating system – developed in cooperation with the NHS. Combining the radiators into a robust and durable skirting board profile provides a much more responsive and controllable alternative to underfloor heating, but without the trip, fall or deep clean issues of a radiator with LST covers. Available in a very familiar domestic Torus profile, as well as a hygiene friendly smooth top capping and even a high security version that has been implemented in hospitals such as Rampton, ThermaSkirt EascyClean caters for all requirements of mental healthcare.

Simple to retrofit to existing heating systems, ThermaSkirt EasyClean is available in both 'wet' central heating and direct electric versions. Naturally controlled to a safe surface temperature, ThermaSkirt works just as well with any floor covering – carpet, laminate or vinyl. Running costs are often reduced as boiler operating temperatures can be reduced and timings on & off can be very closely controlled.

Finally, because the floors aren't heated, problems associated with UFH –response times, 'hospital smell' and even tired legs and swollen feet of hard working nursing staff – is eliminated.

ThermaSkirt is fitted and working in the Iris Murdoch DSDC, the BRE 'Dementia Friendly Home' Motherwell, and the Design in Mental Health Network 'Better Bedroom'. Clients include: the NHS, Places for People, Lifeways, Inclusion Housing, SIL, Specialised Supported Housing, Noble Care, Priory Group, Onward Homes and many more.

Contact details

Telephone: 01942 880066

Website: <http://www.discreteheat.com/>

Email: info@discreteheat.co.uk



Circa Signs & Design

At Circa we believe that good design makes the sign... therefore no matter how small the project, giving due consideration to a sign's function, aesthetics, clarity and impact are central to the solutions we offer.

At the Design & Technology Seminar Circa Signs are introducing a new range of dementia friendly signs which we hope delegates might find of interest.

We operate nationally and in addition to the design, supply and installation of all types of signs, we offer the following key services:

- Site Survey
- Design & Wayfinding Consultancy
- Product Development
- Project Management

Contact details

Telephone: 0141 881 3088

Website: <http://www.circa-sign.com>

Email: info@circa-sign.com

Glasgow School of Art (research exhibition) - "The Future of Care at Home"

Ute Schaubeger, Daniela Quacinella, Tara French are researchers from The Innovation School at The Glasgow School of Art who are working on a project with Scottish Care to explore and prototype ideas for a future model of care at home which embeds the principles of preventative, local care and empowers people to have choice and control over the care they receive. They are engaging with care providers, people receiving care, and people who might use care at home services in the future to understand their experiences and gain evidence-based insights that can further inform their research.

Gradus

GRADUS

Gradus is a UK market-leading, contract interior solutions provider with an established and trusted reputation built over 50 years. Our culture is built on problem solving, service and customer support.

As a UK manufacturer, we manage product design from initial concept through to finished product, ensuring that quality is guaranteed and providing customers with a reliable, flexible and fast service. With significant project expertise, Gradus can provide

specialist support and advice from design through to specification, with an installation service for selected products. Gradus are passionate about providing our customers with the best service possible, whether that's providing technical support or creating bespoke products to meet customer requirements.

Products

Wall Cladding - a wide choice of wall cladding to suit a variety of applications. Available in a range of materials, colours and finishes to complement most interior design schemes.

Handrails, Wall Guards & Corner Guards - specifically designed to prevent damage, reduce maintenance & life-cycle costs and improve the overall appearance of a building.

Carpet - quality carpet tile, broadloom and impervious backed carpets that excel in terms of functionality, design and ease of maintenance.

Barrier matting systems - provide an effective barrier against dirt & moisture at entrances, access points and circulation areas. Help minimise the risk of slip accidents and maintain the appearance and life-cycle of surrounding floorcoverings.

Stair Edgings & Floor Trims - designed to ensure the correct balance between safety, performance and aesthetics. Effectively contribute to a reduction in slip and trip accidents whilst improving accessibility.

Contact details

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SUII seminar series 'shifting paradigms in dementia'

Dr Grant Gibson and Dr Richard Ward, members of the Dementia and Ageing Research Group have been awarded a Scottish Universities Insight Institute seminar series is entitled "Shifting paradigms for dementia: Involving people living with dementia across research, policy and practice". The goal of the programme is to 'shift paradigms' within dementia by challenging current thinking and practice through interdisciplinary collaboration and the participation of people with dementia. This seminar series serves as a catalyst for change, towards the forging of knowledge partnerships between people with dementia, communities and universities as a route to sustainable, evidence-informed and asset based community development.

The posters presented in the Maitland Room provide a summary of each of the three seminar's which has taken place so far. They provide a record of the presentations, events and activities which took place. Each of the posters summarises the content from three workshops, which explored the connection between policy and practice within dementia care strategies, ways of using technology within dementia care, and building dementia friendly communities driven by the local involvement of people with dementia. A fourth workshop, explore dementia, design and the arts will be held on 30th-31st May at the MacRobert Arts Centre, University of Stirling.

Iridis

On World Alzheimer's Day, the University's Dementia Services Development Centre (DSDC), together with Space Architects, launched Iridis – the first app of its kind in the world to assess and provide feedback on how suitable a residence, care facility or other environment is for older people, particularly those with the condition.

Iridis allows users to use smartphones and tablets to assess environments – such as homes or hospitals – to ensure they comply with dementia design principles, which in turn, helps to reduce confusion and risk.

The app is an updated, digital version of the DSDC's existing paper-based Dementia Design Audit Tool, used by thousands of people around the world. It simplifies and digitises the process, with the assessment of a two-bedroom home taking around 20 minutes to complete.

Experts say the app will allow people with dementia to live independently for longer and, in turn, could help ease pressure on hospitals. They also highlight further benefits to the health and care sectors, with hospital and care home environments vital in ensuring patients receive the best possible outcomes.

Dementia Services Development Centre publications

A range of publications are available to buy from DSDC which support informal carers through to design and care professionals. All DSDC publications are based on research and provide best practice in supporting people with dementia. To purchase any DSDC books please visit the main office in the Iris Murdoch Building.

Education & Training in Dementia at the University of Stirling

Best Practice in dementia care learning programme

In line with National Dementia Strategies, the DSDC has developed this programme to help you achieve national and regional care standards. The programme is accredited by the Royal College of Nursing and City & Guilds, the Housing programme has been validated as supporting the housing profession by the Chartered Institute of Housing. The Facilitator module is University accredited, with 20 SCQF credits at level 8.

Intersection of dementia + design

This course will develop your knowledge of the key principles of 'dementia friendly' design which is seen as one of a set of non-pharmacological interventions for people with dementia. Therefore any setting for people living with dementia should be dementia friendly to optimise the treatment outcomes from all interventions. The course is recognised as approved CPD by RIBA.

Introduction to dementia design

This programme is aimed at staff who need to understand the importance of design for people with dementia but do not have a direct role in influencing design. Learn how simple, low cost changes to the environment can make a real difference in reducing agitation and distress.

Effective Leadership for Dementia Care Services

This innovative programme will help you develop your leadership qualities and promote and enhance quality dementia care.

Family carers and volunteers information and training

This helpful hints workshop will discuss practical ways of coping and introduce you to local services and sources of support.

Dementia awareness

Whether you are new to dementia care or someone who comes into contact with people with dementia, this workshop will increase your knowledge, skills and confidence in supporting people to live well with dementia.

Understanding distressed behaviour

This one day interactive learning event will help you increase your knowledge, skills and confidence to support people with dementia in a more compassionate, understanding and professional way through understanding behaviour as a means of communication.

Meaningful activity for people with dementia

This course will help activity coordinators and other staff or volunteers to identify what makes activity meaningful, to tailor activity to the person and to gain and share ideas and practical tips.

Alcohol and dementia

Evidence would suggest that the numbers of people with Alcohol Related Brain Damage (ARBD) are increasing. This workshop focuses upon individuals with cognitive impairment, probably dementia, which has resulted from alcohol consumption.

Dementia and Sexuality

Sexuality and dementia can be a taboo topic, yet behaviour that seems inappropriate may be a person's attempt to express basic social and emotional needs. How do we wade through our own ideas of sexuality and ageing to see sexual behaviour for what it is?

Undergraduate modules at the University of Stirling

Improving Dementia Care – A Fifteen Week Undergraduate Online Course

Our online, undergraduate course 'Improving Dementia Care' is a 15 week distance learning course. This module is designed for health and social care practitioners looking to improve their knowledge and practice in the field of dementia care.

Huntington's disease: an enabling approach to supporting families

A module designed for practitioners working in health, social care, advocacy, and community organisations who currently or may potentially work with people with Huntington's disease. The course is also relevant to those working with younger people with other types of dementia.

Postgraduate courses at the University of Stirling

Postgraduate dementia study; certificate, diploma and master's degree

Designed to provide students with an in-depth, research-based knowledge of dementia, dementia.

For more information please visit <http://www.stir.ac.uk/postgraduate/programme-information/prospectus/applied-social-science/dementia-studies/>

PhD and MPhil in Dementia Studies at the University of Stirling

Our research team consists of multi-disciplinary professionals, conducting policy and practice relevant social scientific research with particular emphasis on the rights of people with dementia and their carers. For more details about the education and training available at the University of Stirling please visit www.dementia.stir.ac.uk/education-dsdc

The Iris Murdoch Building

The novelist Iris Murdoch, who had Alzheimer's disease, brought public attention to the issue of dementia, and her name is attached to the Iris Murdoch Building, home to the University of Stirling's Dementia Services Development Centre (DSDC).

The Iris Murdoch Building was opened by Dame Judi Dench who played her in the film, and is the first public building designed to be dementia friendly. The building houses the Dementia Services Development Centre which provides support and expertise to improving the lives of people affected by dementia.

The DSDC bridges the gap between academic investigation and real world action. Over the years it has developed a worldwide reputation: disseminating information globally; delivering training and education; sharing expertise, in person and digitally.

Opened in 2002, generously funded by the Dementia Services Development Trust, the Iris Murdoch Building was designed by the Edinburgh architects Burnett Pollock Associates. The building demonstrates dementia-enabling design, it acts as an exemplar for commissioners, managers, designers and architects.

A number of distinct features have been incorporated within the building. For example, a high priority is given to light: the ageing eye requires twice as much light as a middle-aged one, and people with dementia need to see clearly to find their way. The building has full height windows and skylights, as well as effective artificial lighting. Tonal contrast is used throughout to ensure visibility of key features. The floors are all the same tone to avoid any impression of steps for people with perceptual problems. A major part of the main office is a curving wall, incorporating small windows and alcoves, into which small objects and mementoes may be placed. This 'memory wall', illustrates the importance of such mementoes as a stimulus for people with dementia.

The Dementia Centre has reached tens of thousands of people through its newsletter, blogs and website. Hundreds of seminars have brought people together to share best practice; and more than 5,000 people from six continents have been trained. The Centre now has a flourishing national and international network of stakeholders, with whom we continue to improve the lives of those affected by dementia.

About the Dementia Fund

The Dementia Fund exists to provide critical funding towards dementia research, training, and innovation that will bring real life differences to people affected by dementia. At the University of Stirling our activities focus around the common goal of improving lives and our research programmes deliver the here and now findings that have the potential to bring palpable benefit.

Text 70500 to donate just £10 to support critical funding towards dementia research, training and innovation.

Find out more:

<https://www.stir.ac.uk/alumni/support-stirling/the-dementia-fund/>

What's Next...

International Masterclass: design for dementia and ageing

The Faculty of Social Sciences Dementia Studies research and teaching team, in partnership with the Dementia Services Development Centre, will host an international masterclass on design for dementia and ageing later in the year.

Be sure to register your interest here so you are the first to find out more: <http://bit.ly/2E9F8zm>.



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