Come and try this innovative technology which is empowering care teams

The Dementia Care Framework harnesses technology to empower the teams in our care homes. Come and see for yourself.

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

You are invited to the UK Premiere of the movie 'Toast'

7pm Wednesday 8th November
in the Main room, Dementia Congress

Toast is an honest and heart-felt film that explores the emotional journey and impact a move into a care home has on an individual, their immediate family and the care team in a home.

A must watch drama for everyone connected to social care.

This film is an innovative method of learning developed to enhance empathy and understanding of the resident journey.

Free finger buffet and wine
Welcome to the 12th 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 12th annual Congress.

As well as repeating last year’s successful stream ‘Dementia Care in Acute Hospitals’, we are very excited to be hosting new special interest streams on home care (in partnership with UKHCA), end of life care (in partnership with Hospice UK and Dying Matters), support for people with learning disabilities and dementia (in partnership with MacIntyre), and sessions organised by the Royal College of Psychiatrists.

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. The motion this year is “Research has brought us no closer to a cure for dementia than we were a decade ago, and therefore funding should be switched to researching care and support” and we hope it will stimulate a dynamic exchange of opinions. The following two days packed full of plenaries, parallel sessions, workshops and early bird sessions offer an extensive selection of topics and speakers, with opportunities at each parallel session 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, we round off with 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 interesting 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 Healthcare, Ensign 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 Doncaster, 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 7 NOVEMBER EVENTS

16.45-17.55
Conference registration and exhibition viewing

18.00
Welcome and introduction
Dr Richard Hawkins, Editor-in-Chief of the Journal of Dementia Care and Director of Hawker Events.
Plus: Students from the University of Bradford
- Suzanne Hill and Angela Richardson

18.20-19.30
Debate
The motion is “Research has brought us no closer to a cure for dementia than we were a decade ago, and therefore funding should be switched to researching care and support.”
- Proposer: Claire Surr, Professor of Dementia Studies, Leeds Beckett University
- Opposer: Dr James Pickett, Head of Research, Alzheimer’s Society
- Chair: Professor Dawn Brooker, University of Worcester

The debate will be opened up for discussion and contributions from the floor.

19.30-20.15
Congress drinks reception
In the main exhibition area - all welcome. Sponsored by Barchester Healthcare.
### Wednesday 8 November Summary

#### 08.00-09.25 Conference Registration

#### 08.30-09.15 Early Bird Sessions

<table>
<thead>
<tr>
<th>Workshop</th>
<th>Session</th>
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<tbody>
<tr>
<td>EB1.1</td>
<td>Workshop: The role of love in caregiving</td>
<td>NIJINSKY</td>
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<td>EB1.2</td>
<td>Supporting eye care</td>
<td>LAZARUS</td>
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<tr>
<td>EB1.3</td>
<td>Two presentations: Students &amp; young people</td>
<td>OWNERS</td>
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<td>EB1.4</td>
<td>Workshop: Rehabilitation</td>
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<td>EB1.5</td>
<td>Two presentations: Simulation training</td>
<td>CONDUIT</td>
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<tr>
<td>EB1.6</td>
<td>Two presentations: Support &amp; spiritual needs</td>
<td>ROYAL</td>
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#### 09.40-11.30 Main Hall Plenary Session

Full details on p30

#### 11.30-12.00 Refreshments & Exhibition Viewing

#### 12.00-13.10 Parallel Sessions 1

Full session details on pp30-31

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<th>Session</th>
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<tr>
<td>1.1</td>
<td>Homecare: Lived experience</td>
<td>PORTLAND</td>
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<td>1.2</td>
<td>End of life care</td>
<td>ROYAL</td>
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<td>1.3</td>
<td>Living positively with dementia</td>
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<td>1.4</td>
<td>Care homes &amp; community links</td>
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<td>1.5</td>
<td>Care homes: Antipsychotics</td>
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<td>1.6</td>
<td>Working in partnership</td>
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<td>1.7</td>
<td>Early support</td>
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<tr>
<td>1.8</td>
<td>Workshop: ‘Outstanding’ care homes</td>
<td>NIJINSKY</td>
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#### 13.10-14.10 Lunch, Poster & Exhibition Viewing
Wednesday 8 November Summary

14.10-15.00 MAIN HALL PLENARY SESSION

15.10-16.20 PARALLEL SESSIONS 2

2.1 Homecare: Best practice
PORTLAND

2.2 End of life Care
ROYAL

2.3 Responding to distress
MAIN HALL

2.4 Post-diagnostic support
CONDUIT

2.5 Carers and families
LAZARUS

2.6 Design & public spaces
PREMIER

2.7 Staff development
OWNERS

2.8 Workshop: The role of the body in dementia care
NIJINSKY

16.20-16.50 REFRESHMENTS & EXHIBITION VIEWING

16.50-18.00 PARALLEL SESSIONS 3

3.1 Homecare: Supporting people through change
PORTLAND

3.2 End of life care
ROYAL

3.3 Workshop Sex and the care home
NIJINSKY

3.4 Using technology & films
PREMIER

3.5 Symposium: Dementia Friendly Communities
OWNERS

3.6 Staff development in care homes
MAIN HALL

3.7 Q&A Royal College of Psychiatrists
LAZARUS

3.8 The Butterfly Community webinar
CONDUIT

18.00 EXHIBITION AREA: CONGRESS DRINKS RECEPTION

19.00 MAIN HALL: FILM PREMIERE – ‘TOAST’
p36
### 08.00-09.00 Conference Registration

### 08.30-09.00 Early Bird Sessions

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<th>Session Details</th>
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<tr>
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<td>EB2.1 Collaborative arts (NIJINSKY)</td>
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<td>EB2.2 Two presentations: LGBT &amp; dementia (CONDUIT)</td>
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<td>EB2.3 Migrant communities (ROYAL)</td>
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<td>EB2.4 Delirium awareness (PORTLAND)</td>
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<td>EB2.5 Workshop: Supporting care staff (OWNERS)</td>
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<td>EB2.6 Cultural heritage (LAZARUS)</td>
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### 09.15-10.25 Parallel Sessions 4

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<td>4.2 Learning disabilities &amp; dementia (PORTLAND)</td>
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<td>4.3 Housing symposium (PREMIER)</td>
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<td>4.4 Young dementia (LAZARUS)</td>
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<td>4.5 Care homes: Responding to stress and distress (MAIN HALL)</td>
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<td>4.6 Arts and creative co-production (CONDUIT)</td>
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<td>4.7 Human rights and dementia (OWNERS)</td>
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<td>4.8 Workshop: Small dances (NIJINSKY)</td>
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### 10.25-11.00 Refreshments & Exhibition Viewing

### 11.00-11:50 Plenary & Concurrent Sessions

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<th>Session Details</th>
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<tr>
<td>11.00-11:50</td>
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<td>ALT1 Later stage dementia care (NIJINSKY)</td>
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<td>ALT2 Workshop: Reading groups (OWNERS)</td>
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<td>12.00-13.10 PARALLEL SESSIONS 5</td>
<td>Full session details on pp41-43</td>
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<tr>
<td>5.1 Acute hospitals</td>
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<td>5.2 Learning disabilities &amp; dementia</td>
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<td>5.3 Quality in care homes</td>
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<td>5.4 Involvement and service planning</td>
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<td>5.5 Bringing research innovation into the care setting</td>
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<td>5.6 Care home activities</td>
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<td>5.7 Early Support</td>
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<td>5.8 Workshop: Technology and having fun</td>
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<td>6.2 Learning disabilities &amp; dementia</td>
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<td>6.3 Question Time Panel</td>
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<td>6.4 Workshop: Frontotemporal dementia</td>
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<td>6.5 Care homes</td>
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<td>6.6 Open space for carers</td>
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<td>6.7 Workshop: Sports-based reminiscence</td>
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<th>15.10-16.20 PARALLEL SESSIONS 7</th>
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<td>7.1 Acute hospitals</td>
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<td>7.2 Later stage dementia - quality of life</td>
<td><strong>PORTLAND</strong></td>
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<td>7.3 Commissioning and service planning</td>
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<td>7.4 Dementia Care Matters Advanced workshop</td>
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<td>7.5 Young dementia</td>
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<td>7.6 Remembering yesterday, caring today</td>
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<tr>
<td>7.7 Workshop: Music for Life</td>
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**16.20 CLOSE**
EVERY DAY

Taking Care, Giving Care  EXECUTIVE BOX 6
If it all gets a bit much, take time out: Feeling safe and connected is fundamental to sustained compassionate care. Experience powerful easy to repeat practices which grow trust, confidence and well-being in a Compassion Circle hosted by Andy Bradley, the founder of the method. Available during parallel sessions throughout the congress.

Poster presentations
Important and innovative projects and services are featured in our poster display, in the exhibition area.

Exhibition of photographs
Previously shown at Tate Liverpool, these images result from a project exploring how photography can help people with dementia express themselves - in the exhibition area.

TUESDAY 7 NOVEMBER

19.30-20.15  EXHIBITION AREA
Congress Drinks Reception
sponsored by Barchester Healthcare

WEDNESDAY 8 NOVEMBER

11.30-12.00
Vamos Theatre walkabout in the exhibition area
Award-winning Vamos Theatre bring full mask characters from their sell-out international touring production Finding Joy. This interactive and engaging grandmother and grandson duo, show positive caring in action and practically demonstrate the importance of non-verbal techniques in caring for people living with dementia.

13.45-14.00
Film showing  MAIN HALL
“Life story work and dementia: good practice”
Kate Gridley, University of York will introduce and show this short film about good practice in life story work, based on research by the University of York, which can be used in staff training and will be freely available.

16.50-18.00
CONDUIT
THE BUTTERFLY COMMUNITY WEBINAR [Session 3.8]
The Butterfly Community - bonding with glue: joining up culture change and person-centred practices. A live webinar debate and wider interactive session, launching the Butterfly Community Webinar series. With David Sheard and Helen Sanderson.

18.00  EXHIBITION AREA
Congress Drinks Reception
sponsored by Four Seasons Health Care

19.00
FILM Premiere  MAIN HALL
“TOAST”
Four Seasons Health Care host a movie premiere – an innovative method of learning developed to enhance empathy and understanding of the resident journey. Finger buffet with wine and reflective discussion, chaired by Dr Claire Royston.

THURSDAY 9 NOVEMBER

13.25-13.40
Film showing  MAIN HALL
“I ain’t got my Mum”
Ian Donaghy, author of Dear Dementia: the laughter & the tears, will introduce “I ain’t got my Mum” a short 3 min film sponsored by Wellburn Care Homes and made with 7-8 year old students from Carr Junior School in York. The film played in Yorkshire cinemas, highlighting the challenges of living with dementia and how we all can help as a community.

13.45-14.00
Film showing  MAIN HALL
“These Rights are Our Rights”
Sarah Butchard will introduce a series of six mini films, designed as a campaign, each film lasting less than a minute. The films feature practical examples of how the FRIEDA principles of Fairness, Respect, Identity, Equality and Autonomy translate into the lives of people living with dementia. It was coproduced by SURF Liverpool, Mersey Care NHS Foundation Trust, University of Liverpool and The Hatch. It emphasises that Human Rights belong to everyone and their application is the law.

Book signings
at the Jessica Kingsley Publishers stand, including
Adaptive Interaction and Dementia - How to Communicate without Speech, by Dr Maggie Ellis and Professor Arlene Astell. Times to be advised.

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 Room with soft seating reserved for you, in Executive Box 3 on the fourth floor. There is also a quiet area adjacent to the exhibition on the ground floor. Staff will direct you, and there will be signage to the Quiet Area. 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 12th 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; Jeremy Hughes, Alzheimer’s Society; Alise Kirtley, Anglia Ruskin University; Professor Jill Manthorpe, King’s College London; Maria Parsons, Creative Dementia Arts Network; Lynne Phair, independent consultant nurse and expert witness; Rachael Litherland, Innovations in Dementia; Professor Graham Stokes, Buga Care Homes; Professor Claire Surr, Leeds Beckett University; Jude Sweeting, Ladder to the Moon; Rachel Thompson, Dementia UK; Danielle Wilde, Royal Free Hospital; Professor Bob Woods, University of Bangor.
Dementia Support Workers

We provide 24 hour enhanced cohort supervision for vulnerable and distressed patients. We can reduce the risk of falls, injury and anxiety caused to some patients living with Dementia. We help patients to be calm while engaging in Diversion and Reminiscence Therapies. Our unique Dementia Support Workers are a valuable resource for ad-hoc cover whenever you need them.

Reminiscence Therapy  Patient Centred Care  Diversion Therapy

NHS Collaborative Procurement Partnership
National Clinical Staffing Framework

Call 0345 25 76 104  www.ensigncare.co.uk
Active Minds is a multi-award-winning organisation which design beautiful games and activities for people living with cognitive, visual, and dexterity challenges. Active Minds now has over 4000 care home customers both in the UK and abroad and the products have reached an estimated 100,000 people living with dementia.

The clocks, signage and other specialised products have been designed from user feedback and online with current research/best practice guides. We manufacture all our products so we can adapt them to suit your specific needs. Care Homes, Hospitals and Domestic Homes use our products.

Alzheimer’s Society is the UK’s leading dementia charity. We provide information and support, improve care, fund research, and create lasting change for people affected by dementia.

Let’s take on dementia together. Volunteer. Donate. Campaign for change. Whatever you do, unite with us against dementia.

Barchester Healthcare is a major UK care provider committed to delivering high-quality, person-centred services across its care homes and hospitals.

We pride ourselves on our expert dementia care. Our Memory Lane Communities are designed to encourage people living with dementia to stay as independent and active as possible.

DEEP is a UK wide network of over 80 groups of people with dementia, who are acting together to:
- give views to people who write policies about dementia policy makers
- influence local dementia services
- challenge other people's views about what it is like to live with dementia

It is supported by Innovations in Dementia.

The Daily Sparkle newspapers feature reminiscence stories, songs and quizzes. They are delivered 365 days a year, with fresh content in every edition. At its simplest, it provides interest and activities for residents, especially those with dementia, it gets people talking, sharing memories and building relationships. The Daily Sparkle also offers activity coordinator training throughout the UK.

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DEMENTIA UK
Dementia UK provides specialist dementia support for families through our Admiral Nurse service. When things get challenging or difficult for people with dementia and their families, Admiral Nurses work alongside them, giving the one-to-one support, expert guidance and practical solutions people need.

FIND
Find is established as the leading supplier of memory care products, with customers throughout Europe and in the United States. Our products are designed for all care settings where cognition, vision and dexterity are issues. We transform environments for a better life with Dementia.

DONCASTER DEMENTIA STRATEGIC PARTNERSHIP (DDSP)
The Doncaster Dementia Strategic Partnership (DDSP) is established as a formal delivery board, co-chaired by a service user and reports to the Doncaster Health and Wellbeing Board as Dementia is a strategic priority. It comprises of a range of stakeholders (including Health and Social Care, voluntary and community agencies). The DDSP influences the direction for planning, delivery and contributes to commissioning decisions regarding services for people with dementia. It acts on behalf of Doncaster organisations that represent the interests of the people with dementia.

FOUR SEASONS HEALTH CARE
As award winning leaders in dementia care, Four Seasons Health Care have evolved their dementia programme to deliver dementia care services that focus on the individual's experience of care. The Four Seasons Dementia Care Framework combines high levels of support and training for their teams with cutting edge technology to bring next-generation dementia care to residents and family members. Please come and see us on stands 10 & 11 to find out more.

ENSIGN CARE
Enhanced care for vulnerable & challenging patients. Our unique Dementia Support Workers help safeguard vulnerable and challenging patients living with dementia while in hospital. Our close supervision increases safety for all, while reducing falls and enhancing the patients’ experience through pioneering therapies.

DEMENTIA CENTRE, HAMMONDCARE
Combining research, education and practical experience, the Dementia Centre works to empower everyone to take action to improve quality of life for people living with dementia. Our service, managed in the UK by Dr Julie Christie, offers evidence-based practice advice drawn from extensive and ongoing research programs, backed by experience in the field.

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. The new JDC website www.journalofdementiacare.co.uk offers three levels of member subscriptions designed to meet the needs of everybody working in dementia care. Please visit the Hawker stand.
HOSPICE UK
Hospice UK is the national charity for hospice care. We champion the work of hospice and palliative care providers across the UK including our 220 hospice members. We work closely with them to support their vital work and to create a stronger voice for hospice care.

LIFE STORY NETWORK
Life Story Network is a community interest company committed to promoting the use of life stories with vulnerable and marginalised people, to support them and enable them to stay connected with family, friends and their community.

JESSICA KINGSLEY PUBLISHERS
Jessica Kingsley Publishers was founded in 1987 and now publishes over 200 books per year for professionals and general readers in a range of subjects including autism, social work and mental health. JKP dementia list includes books for health professionals and carers as well as for family and friends of people with dementia.

THE LEWY BODY SOCIETY
The Lewy Body Society was established in 2006. 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.

MACINTYRE
MacIntyre provides learning, support and care for more than 1,500 children, young people and adults who have a learning disability and/or autism, at more than 150 services across England and Wales.

EFFICACY
Making Space is a national charity and leading provider of 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 35 years. We support adults with mental health conditions, learning disabilities and dementia.

MY LIFE FILMS
My Life Films is an award-winning charity that makes free life story films for people living with dementia. Combining photos, music and interviews, our films improve quality of care, quality of life, boost self-esteem and help fight isolation."
Ontex is a leading international producer of disposable personal hygiene solutions for all generations. Due to our focus on quality, innovation and value-for-money, our products are distributed in more than 110 countries. Our iD and Lille branded incontinence products are supplied to medical distributors and the NHS.

Oomph! stands for Our Organisation Makes People Happy and we’re on a mission to ensure that older adults live life in full colour. We provide training, mentoring and excursions to empower care services to put wellbeing front and centre.

Optimum Health Technology deliver Quality, Safety and Performance Improvement in Care Homes. Our solution provides insight for staff at every level of an organisation, control of regulatory processes and most importantly the best possible care for residents.

The Royal College of Psychiatrists is the professional body responsible for education and training, and setting and raising standards in psychiatry. The College aims to improve the outcomes of people with mental illness, and the mental health of individuals, their families and communities. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

We support older people across the UK by engaging them in social and physical activities and helping them to recall their experiences of playing or watching sport. We have a wide range of resources to stimulate memory, along with training and support to establish activities whatever the setting.
TIDE – TOGETHER IN DEMENTIA EVERYDAY
Tide - together in dementia everyday is a national involvement network for carers and former carers of people with dementia. By providing training and speaking opportunities, tide empowers and enables carers to have their voices heard, influencing practice, policy and research locally, regionally and nationally. tide is hosted by LSN.

UKHCA
As a member-led professional association, our mission is to promote high quality, sustainable care services so that people can continue to live at home and in their local community. UKHCA represents members interests to Government and other stakeholders in addition to offering a host of other benefits and services.

TIMOTAY
Delivering Your Inspirational Outdoor Space - Timotay creates bespoke sensory outdoor space and sensory retreats for care homes, respite centres and hospitals. Our focus is to design and deliver exceptional outdoor space.

THE UNIVERSITY OF BRADFORD
The University of Bradford's international excellence and impact in applied dementia studies has been recognised by the coveted Queen's Anniversary Prize and, in recognition of our stature in the field, we have recently been established as the Centre for Applied Dementia Studies at the University of Bradford. The Centre engages in an ambitious and varied portfolio of research, education, training and consultancy, in collaboration with national and international colleagues, to make a tangible and positive difference to the lives of people living with dementia and their families. Come and meet us at our stand.

THE YOUNG DEMENTIA NETWORK
The Young Dementia Network is a movement of people committed to improving the lives of people affected by young onset dementia. Guided by a steering group, the Network is a Young Dementia UK initiative, providing opportunities for members to connect, share experience and encourage improved young onset services across the UK.

New Reminiscence Decor Collection - 1000's of images now available
Centre for Applied Dementia Studies
University of Bradford

On 1st September the Centre for Applied Dementia Studies was launched. This is an exciting moment in the story of dementia research, education and training at the University of Bradford.

BUILDING UPON OUR ESTABLISHED REPUTATION AS LEADERS IN DEMENTIA CARE WE WILL:
- Increase our focus upon applied dementia research
- Continue to lead the field in involving people with dementia in all our activities
- Proactively seek out collaborations and partnerships to support our overall goal of improving the lives of people living with dementia

[Images of Centre members]
Speaker biographies

Emily Ackett
York Flourish
Emily Ackett, director of York Flourish CIC, runs various projects in York that she set up to help people and places to flourish. These include Vocal Flourish (two inclusive community choirs), The Secret Garden Project (supported gardening and volunteering opportunities for people with dementia) and York Women with Dementia Club (a women-only DEEP group). She is co-founder and co-facilitator of York MIND and Voces DEEP group, with Damian Murphy.

Jo Allmon
Expert by experience
Jo started life as a ballet dancer having the privilege of dancing with Fonteyn and Nureyev. Injury cut her career short and since then she has had quite an eclectic journey in her following careers, from teaching dance in schools, the director of a theatre company for able/disabled young people, driving for the Red Cross and working on a cancer helpline. Alongside her daughter Jess, Jo has published three books about a disabled fairy and now works hard to promote the importance of the message in the books. 'It's ok to be different because we are all the same inside!'”

Diane Amans
Independent dance artist and training consultant
Diane is a freelance dance artist, lecturer and consultant offering professional development, arts and health projects, evaluation and mentoring. She delivers training and follow up mentoring for dance artists, volunteers and activity leaders working with groups in a range of settings around the country. She is a dance artist whose 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 Australia, New Zealand and Japan.

Kate Andrews
Northumberland Tyne and Wear NHS FT
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 client, 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 Reading and Berkshire Healthcare NHS Foundation Trust
Arlene Astell is a Research Chair in dementia at the University of Toronto and Professor in Neurodegenerative Disease at the University of Reading and Berkshire Healthcare NHS Foundation Trust. She has spent her career exploring interventions to improve the lives of people living with dementia including AI. Her research also examines the benefits of digital technologies to enhance cognitive function, to support socialisation and improve relationships between people with dementia and caregivers. She has lead multiple national and international projects and is currently UK lead for IN-LIFE, a Horizon 2020 project examining a range of digital services for supporting people with dementia. Her research focuses on the benefits of digital technologies to enhance cognitive function, to support socialisation and improve relationships.

Anthony Bainbridge
Sheffield Health & Social Care Trust
Anthony Bainbridge has worked in mental health nursing for many, many years and increasingly specialized in working with older people with dementia. He is a Specialist Nurse Consultant and also the Deputy Clinical Director and has been most influential in developing and improving local Dementia Care, Service Improvement and Teamwork.

Ana Barbosa
University of Bradford
Ana Barbosa completed her Ph.D. in Gerontology at the University of Aveiro, Portugal, in 2016. Her research interests are focused on person-centred dementia care approaches and formal and informal carers’ emotional wellbeing. She had been involved in a number of research projects aiming to support informal caregivers of elderly people with chronic conditions. Ana joined the Centre for Applied Dementia Studies in September 2015 where she currently works as a Dementia Care Consultant and Trainer.

Adrian Barnes-White
Alzheimer’s Society
Adrian is Coordinator for the Side by Side project in Wakefield and Five Towns, having previously worked for the Society promoting dementia awareness to a wide range of organisations in the same area. He is firmly committed to a person-centred approach in delivering services generally and within the Side by Side service in particular. His previous experience includes working with people with a range of disabling conditions - with a strong emphasis on increasing access to services and opportunities. This has included running a transcription service and a shopmobility project. He is also interested in staff development, and as a local government training officer developed and delivered Mental Capacity Act training.

Cath Barton
Community Circles
Cath Barton has worked in health and social care for over 20 years and has been involved with Community Circles since 2012 when invited to be part of the leadership team, aiming to develop circles of support at scale. Cath is currently working as Community Circles Connector in Wigan, developing circles across care homes. Keep in touch via Twitter @CathC_Circles

Carol Benabd
Alzheimer’s Society
Carol began working in social care in 1981 and progressed from care assistant to managing services for Bury Metro and Lancashire County Council. She also worked as a health and social care trainer/dementia care trainer. She started dementia care mapping with University of Bradford in 2005, becoming an advanced mapper in 2012. Now a dementia support worker for Alzheimer’s Society supporting people living with dementia and their carers and facilitating workshops including ‘live well with dementia’ programme. Carol is applying her expertise and person centred approach in the development of the Fidget Widget Project.

Caroline Bernnard
Homeless Link
Caroline is Head of Policy and Communications (job share) at Homeless Link. Caroline is responsible for a seven-strong team of policy, public affairs, communications and research professionals, and is Homeless Link’s strategic lead for its membership of the Health and Wellbeing Alliance. Caroline led the policy and communications function at the National Skills Academy for Social Care, and was Deputy Chief Executive (Policy and Communications) at Counsel and Care prior to its merger with Independent Age.

Simon Bernstein
Alive!
Simon joined Alive! as Chief Executive 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. A secondary school governor and former board member of Friends of the Earth, he has helped a variety of causes increase their public awareness and raise millions of pounds. Simon’s 85-year-old father is living with dementia.

Nicki Bones
SweetTree
SweetTree’s Director of Operations, Nicki Bones, is a registered mental health nurse with more than 30 years’ experience in areas supporting people with Alzheimer’s and other forms of dementia. Her vision to provide the highest possible quality care was realised as a founding member of SweetTree Home Care Services. Nicki continues to fulfill her passion by proudly leading the SweetTree team to the forefront of dementia care.

Denise Booth
Orders of St John Care Trust
Denise has worked for 15 years for The Orders of St John Care Trust starting her career in 2002. Starting as a care assistant and with support and development by the organization, Denise is now the General Manager at Apple Trees Care and Reablement Centre in Grantham and she has gained a level 5 qualification in Health and Social Care. Denise is proud to be the Manager of Apple Trees which was the first the Trust built using the household model and developing the support worker role where the whole team works together in providing person-centred care.

Judith Bower
Alzheimer’s Society, Central and West Lancashire
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, 9 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 Advisor and Alzheimer’s society trainer, she has experience of supporting over 3000 people affected by dementia, many returning for support over the years. She has liaised with the University of Central Lancashire over the years to create many interactive sensory projects.

Wendy Brewin
Sensory Trust
Wendy has over 22 years of experience connecting people of all ages and abilities with outdoor environments through practical and creative approaches. Initially specialising in creative community consultation approaches, her work since 2006 has focused on enhancing the quality of life for people living with dementia in both residential and domestic settings. Through the Creative Spaces project Wendy demonstrates how human connection with nature can be a coping mechanism for living with dementia and support greater social, physical and mental activity. Activities and resources are embedding nature into people’s daily lives in subtle ways but with significantly positive impact.
EMMA BRISTOW
RECOVERY COLLEGE
Emma Bristow is coordinator for the Recovery College in Lincoln and by background a music teacher and currently employed full time in the Recovery College for her teaching expertise and lived experience. She has been co-producing and co-delivering courses across Lincolnshire over the past couple of years. Emma is keen that people living with dementia and their caregivers are included in Recovery College activities.

DAWN BROOKER
UNIVERSITY OF WORCESTER
Professor Dawn Broker is the Director of the Association for Dementia Studies at the University of Worcester. She is internationally recognised for scholarship in practice development of person-centred dementia care and has long established working relationships with practitioners and scholars worldwide. Dawn enjoys working at the interface between the experience of those living with dementia, those developing care practice and those undertaking research to ensure that there is real knowledge transfer and translation between these different world-views.

MARGARET BROWN
ALZHEIMER SCOTLAND CENTRE FOR POLICY AND PRACTICE, UNIVERSITY OF THE WEST OF SCOTLAND
As a researcher, educator and practitioner Margaret has many years of experience in the field of dementia and mental health care for older people. Her current research and educational interests include simulated learning and compassion in dementia. She is a member of the team delivering the award winning ‘Scotland’s Dementia Champions Programme’. She recently completed the first report in Scotland about Housing and Dementia. In 2016, she was awarded a lifetime achievement award for services to dementia care from NHS Health (and Education) Scotland and the Scottish Social Services Council.

ERROLLYN BRUCE
EUROPEAN REMINISCENCE NETWORK
Errollyn Bruce joined Bradford Dementia Group in 1993 to work with people caring for relatives with dementia. In 1997, Pam Schweitzer asked her to speak about family carers’ experiences of their relatives’ reminiscences at the ‘Widening Horizons in Dementia Care’ conference she was organising - an event designed to bring together people and ideas from reminiscence, the creative arts and dementia care. Subsequently Pam persuaded her to be involved in the ‘Remembering Yesterday, Caring Today’ project and this grew into a major interest. Her involvement, which has included evaluating the project, assisting on the training for it and co-writing with Pam the manual for ‘Remembering Yesterday, Caring Today’ (2008, Jessica Kingsley Publishers), has continued into retirement.

STEFANIE BUCKNER
CAMBRIDGE INSTITUTE OF PUBLIC HEALTH
Stefanie Buckner is based at the Cambridge Institute of Public Health, where she works as a Research Associate on the National Evaluation of Dementia Friendly Communities (DEMOCOM). She co-led the development of the Age-Friendly Cities evaluation tool as part of the Ageing Well Programme within the NIHR School for Public Health Research. Her other research interests include welfare benefits and their impact on older people’s health and wellbeing, social isolation and loneliness in older age, and the effects of urban regeneration on older people’s lives, wellbeing and social inequalities.

CHRISTINE-KOULLA BURKE
FOUNDATION FOR PEOPLE WITH LEARNING DISABILITIES
Christine heads up the Foundation for People with Learning Disabilities’ work on prevention and combating inequalities. She joined the Mental Health Foundation from the Institute of Applied Health and Social Policy at King’s College London. Previously, Christine has developed and managed many service improvement programmes in both health and social care and supported them to change to inclusive, person-centred services for people with learning disabilities, nationally and internationally. Christine has promoted co-production and the involvement of self-advocates and families in all programmes.

WENDY BURN
THE ROYAL COLLEGE OF PSYCHIATRISTS
Professor Wendy Burn became a Consultant Old Age Psychiatrist in Leeds in West Yorkshire in 1990. She currently works part-time in a community post. She has worked closely with the Alzheimer’s Society and as a Clinical Lead for Dementia in the Yorkshire Strategic Clinical Network. She was Dean of the Royal College of Psychiatrists from 2011 to 2016 and is currently President of the College.

ALISTAIR BURNS
UNIVERSITY OF MANCHESTER AND NATIONAL CLINICAL DIRECTOR FOR MENTAL HEALTH IN OLDER PEOPLE
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 1997, 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 psychiatry. He set up the Memory Clinic in MMHST and helped establish the old age liaison psychiatry service in UHSM. 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.

JULIA BURTON-JONES
DIOCESE OF ROCHESTER
Julia Burton-Jones has worked on issues of ageing, dementia and caring for 30 years, mainly within the voluntary sector. Her roles have included writing several books on these topics, developing and delivering training programmes, and holding development posts in national charities. She has worked as dementia specialist project officer for the Church of England’s Diocese of Rochester since 2014, and is also an assessor for Dementia Pathfinders and dementia facilitator for Music for Life. Her key interest is the contribution churches make as community organisations to enabling fourth agers and people with dementia to stay connected and live well.

SARAH BUTCHARD
MERSEY CARE NHS FOUNDATION TRUST
Sarah Butcher is a Clinical Psychologist working with older people and people living with dementia in Liverpool. She works clinically for Mersey Care NHS Foundation Trust and is a Senior Clinical Teacher on the University of Liverpool Doctorate in Clinical Psychology Programme. She is chair of the British Psychological Society’s Faculty of Psychology of Older People. Her areas of clinical expertise are the psychology of older people, dementia and Human Rights Based approaches to health care. Her research focuses around models that promote independence and wellbeing and on Human Rights Based Approaches to care.

DEBBIE CALLOW
END OF LIFE PARTNERSHIP
Debbie Callow retrained to be a nurse in her mid-twenties after working in a variety of roles. Initially she worked with working age adults before moving onto a Later Life and Memory Assessment Service. Debbie had always wanted to become an Admiral Nurse after doing her elective placement with one. She went on to work as an Admiral Nurse in South Manchester where she began running educational courses. Debbie now works with the End of Life Partnership as an Admiral Nurse providing education sessions about advanced dementia and end of life care across East and South Cheshire.

LESLEY CALVERT
OPEN DOORS
Lesley Calvert is a retired District Nurse and member of the Open Doors Service in Salford. Funded by Greater Manchester Mental Health NHS Foundation Trust, Open Doors is a post diagnostic support group for people living with dementia.

ZOE CAMPBELL
ALZHEIMER’S SOCIETY
Zoe has enjoyed a varied career history that has provided her a breadth of experience crossing the commercial sector, community development, education and housing. She has spent the last 13 years working as an Adult social care in local government, the voluntary and private sector organisations, specialising in commissioning and procurement, project management and ultimately business development. Following a period as business development lead in one of the UK’s leading domiciliary care providers, she became Head of Business Development at the Alzheimer’s Society in September 2013.

COLIN CAPPER
ALZHEIMER’S SOCIETY
Colin is responsible for Alzheimer’s Society’s research implementation work and for demonstrating the impact of the Society’s work. Colin also leads the Society’s work on innovation and demonstrating good practice in care.

DEBBIE CARROLL
STEP CHANGE DESIGN LTD
Debbie Carroll is a garden designer who 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 weren’t 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.

DOMINIC CARTER
ALZHEIMER’S SOCIETY
Dominic is a Senior Policy Officer with Alzheimer’s Society and is policy lead for the Society on social care, public health and the care workforce. He joined the organisation in March 2016. Recently he analysed and reported on the findings of the charity’s largest ever consultation of people affected by dementia, Turning Up the Volume. He has also led research on the third phase of the Society’s Fix Dementia Care campaign, profiling the need for the sector to provide quality dementia-specific training to support care workers. Dominic previously worked in policy for the United Kingdom Home Care Association after completing his degree at the University of Leeds.

JANET CARTER
UNIVERSITY COLLEGE LONDON
Dr Janet Carter is a Senior Lecturer in Old Age Psychiatry at UCL and the Trust lead for Young Onset Dementia at North East London NHS Foundation Trust. She led a national survey about services for YOD and is the Chief Investigator for the Angela project, a 3-year project to improve diagnosis and post-diagnostic intervention for YOD. She leads the diagnosis and post diagnosis group of the Young Dementia Network.

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JENNIFER CASSON
END OF LIFE PARTNERSHIP

Jennifer completed a BSc (Hons) degree in Occupational Therapy in 1997. She holds a firm belief that health and wellbeing are intrinsically linked to humans as occupational beings, and that it is through meaningful occupation that we as humans feel self-worth, place and purpose. She worked in mental health services, and as a Lecturer in Occupational Therapy at the University of Liverpool before she joined the Advanced Dementia Support Team in 2005. Outside of work, Jenny enjoys being 'in the moment', and is active in her community. She runs, cycles, practices Yoga, and generally enjoys being in fresh air outdoors.

DONNA CHADWICK
YOUNG DEMENTIA UK

Donna Chadwick is the National Development Manager for YoungDementia UK. She coordinates the work of and aims to develop the Young Dementia Network, its steering group and encourage improved young onset dementia support in the UK. Donna previously worked with people living with young onset dementia as a dementia support manager and as a care manager of a dementia specialist care home.

BO CHAPMAN
SALAMAGUNDI FILMS

Bo’s background is in Art, Music, and Performance. She has an M.A. in Art History from Edinburgh University and studied Physical Theatre at The Ecole Jacques Lecoq in Paris. Before co-founding Salamagundi Films she worked as an Art Director and Stylist for music videos, commercials, photography, and short films, and is a singer-songwriter. Bo’s background is in Art, Music, and Performance. She has an M.A. in Art History from Edinburgh University and studied Physical Theatre at The Ecole Jacques Lecoq in Paris. Before co-founding Salamagundi Films she worked as an Art Director and Stylist for music videos, commercials, photography, and short films, and is a singer-songwriter.

PAT CHARLESWORTH
FOUNDATION FOR PEOPLE WITH LEARNING DISABILITIES

Pat Charlesworth is an Expert by Experience. She is a valued member of the team at the Foundation for People with Learning Disabilities. Pat is an advocate, campaigner, researcher, trainer and contributes to many programmes, both policy and guidance work. Pat works on the Palliative Care Advisory Group and is developing guidance with NICE on growing older with a learning disability. She has chaired many conferences and meetings such as the DAA roundtable on Dementia and Learning Disability. Pat is an activist and is passionate campaigner on the rights of people with a learning disability.

ALICE COATES
OXFORD HEALTH NHS FOUNDATION TRUST

Dr. Alice Coates is a Clinical Psychologist at Oxford Health NHS Foundation Trust. She has worked in older People’s NHS services since qualifying. She has also been involved in qualitative and quantitative research studies investigating the effectiveness of psychological approaches to support people with dementia and family carers.

LOURDES COLCOUGH
ST JOSEPH’S HOSPICE

Lourdes Colclough has an MA in Counselling and Psychotherapy and has worked in community development for over 20 years in deprived areas of East London managing projects, training volunteers and setting up community based services. Lourdes has worked at St. Joseph’s Hospice since 2012 where she managed three start up projects; Newham Bereavement Service, described by Which?, the charity and consumers association, as ‘on the crest of a wave of joint working between public service providers and local communities’. Lourdes has also set up the pioneering Namaste Care Service funded by Hope for Home and St. Joseph’s Hospice.

GWEN COLEMAN
DEMENTIA CARE MATTERS

Gwen started her career over 22 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 Anchor as a dementia specialist before joining Dementia Care Matters as a consultant Trainer and now Director of Care. She has authored several publications including ‘Catering for people with dementia’ Alzheimer’s Society (2009) and the ‘Eating well’ section of SCI’s dementia gateway.

PAT COLLARD
CARER

Pat’s career was in education where she worked in many roles from teacher and adviser to senior manager in a large local authority. Her final position was as an Assistant Director of The Skills Acquisition and Development Fund government funded organisation. Pat retired in 2008. In retirement Pat became a governor of a NHS Mental Health Trust and pursued many leisure activities. During this time her husband, Michael, developed Alzheimer’s Disease. As Michael’s condition deteriorated Pat’s life became increasingly focussed on being his carer until it became necessary for Michael to go into permanent residential care in June 2017.

JASON CORRIGAN-CHARLESWORTH
BARCHESTER HEALTHCARE

Jason has worked in the field of Dementia Care for over 25 years and has held numerous roles within local authorities, voluntary and the private sector. Jason’s current role is that of Deputy Director of Dementia Care for Barchester Healthcare and is passionate to ensure that those individuals living with Dementia are provided with a quality first class dementia service that is truly holistic and person centred. Jason is a qualified Dementia Care Mapper trainer as well as holding a postgraduate in Dementia Care Studies.

LUCY COSGROVE
WHIPPS CROSS HOSPITAL, BARTS HEALTH NHS TRUST

Lucy Cosgrove is a Dementia Clinical Nurse Specialist at Whipps Cross Hospital. Since qualifying as a Mental Health Nurse in 2010, Lucy has always worked with older people and those living with dementia. Lucy is passionate about improving dementia care and is currently leading on an initiative to create dementia friendly environments in an acute setting. Lucy is a member of the National Dementia Action Alliance Dementia Friendly Hospital Taskforce and a graduate of the NHS Leadership Academy Marie Curie Seacole Leadership Programme. Lucy has recently supported with setting up a new Dementia & Delirium Team in Barts Health NHS Trust.

JACQUELINE CROWTER
KIRKWOOD HOSPICE

Jacqueline is a Registered Mental Health Nurse with many years clinical experience working with people living with dementia and their carers in numerous care environments, across the dementia disease trajectory and including end of life. She has experience in education and research and has co-ordinated a number of dementia research studies. She completed her PhD at the University of Liverpool, a national piece of research exploring end of life care experiences for carers of people with dementia. Her interest in this area has continued to grow, mostly supporting hospices to develop hospice enabled dementia care.

EMMA DALE
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

After obtaining her Doctorate in Clinical Psychology from the University of Leicester in 2007, Emma worked in older adults community mental health in north Derbyshire. She then spent four years as a Clinical Lead for the Brain Injury Rehabilitation Trust at Daniel Yorath House in Leeds (a community based, residential rehabilitation centre). In 2013 she began working at Sheffield Teaching Hospitals NHS Foundation Trust, specialising in neuropsychology and neurorehabilitation, and where she continues to be employed as a Principal Clinical Psychologist.

NICOLE DARLINGTON
UNIVERSITY OF HERTFORDSHIRE

Nicole Darlington is a Research Assistant based at the University of Hertfordshire where she currently works on the National Evaluation of Dementia Friendly Communities (DEDMC) project. Prior to this, Nicole worked for the older adult crisis team working closely with individuals experiencing a mental health crisis and individuals at different stages of dementia. Nicole has had varied roles working in the community with people living with dementia and has an academic background in Psychology.

TERESA DAVIES
YORK MINDS & VOICES

I’m Teresa Davies, from Flintshire, N Wales. I have two grown up children, and live alone. In the past I was a landscape gardener for 23 years. That career came to an end when I was knocked down by a car and spent 12 months in a spinal unit learning to walk again. I was diagnosed with early onset Alzheimer’s aged 59 and vascular dementia last year. I live very positively and actively with my diagnoses, and have got involved in lots of projects involved in dementia, firstly DEEP among others, and most recently Dementia Diaries. I continue to live better with dementia.

DEEP
DEMENTIA ENGAGEMENT AND EMPOWERMENT PROJECT

DEEP is a UK wide network of over 80 groups of people with dementia, who are acting together to:
- give views to people who write policies about dementia policy makers
- influence local dementia services
- challenge other people’s views about what it is like to live with dementia

It is supported by Innovations in Dementia.

APRIL DOBSON
THE ABBEYFIELD SOCIETY

April is Head of Dementia Innovation at The Abbeyfield Society. April undertook nurse training at St Luke’s Hospital, Guildford and then worked for a global medical company. 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 Chartered Management Institute and is a qualified coach. Her passion is to develop and implement innovative programmes that enhance the lives of people living with dementia. In 2016 April developed Abbeyfield’s ‘Breath of Fresh Air’ programme which won the prestigious Laidiimagenes award for excellence in dementia care and Worcester University’s Hennell award.

ADELE DOHERTY
ALZHEIMER’S SOCIETY

Adele Doherty is Head of Dementia Voice for Alzheimer’s Society, ensuring that people affected by dementia are at the centre of all that we do. The session I am chairing is led by people living with dementia who have been directly involved in influencing our dementia rights movement, as well as members of our Memories in Motion, a Service User Review Panel in Wales, who are leading the way in co-producing services for people living with dementia.

MURNA DOWNS
UNIVERSITY OF BRADFORD

Murna is Professor in Dementia Studies in the Centre for Applied Dementia Studies at the University of Bradford. She has published on a range of topics from early diagnosis through to end of life care, most recently on person-centred care in the community. Murna’s current research focuses on improving transitions in dementia care, emphasising the importance of attending to the perspective of people living with dementia and their families; and developing and testing ways to improve health and social care.
Speaker biographies

JOHN BALL
Chair of the UK Dementia Research Centre

John Ball is currently Chair of the UK Dementia Research Centre and Professor of Neurodegenerative Disease at the University of Cambridge. Under his leadership, the UK DRC was launched in 2015, with a national network of six research centres. It is a 5-year, £125 million programme, funded by the UK government and the Alzheimer’s Society. Dr Ball is currently working on a range of research projects which aim to understand the molecular mechanisms of neurodegeneration and improve diagnosis and care for people with dementia.

ZOE FLYNN
Salmagundi Films

Zoe graduated from Westminster University with a B.A. in Photography, Film and Video. She has worked in all areas of the TV, industry from children’s programmes to cinema trailers. Before co-founding Salmagundi Films she worked as a film make/editor for her own company Eyewash Productions specialising in social documentaries, multi-media projects and digital video training. She has extensive experience teaching the craft of filmmaking with all ages and abilities.

JANE FOSSEY
Oxford Health NHS FT

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

EMMA FRANCIS
South West London and St George’s Mental Health NHS Trust

Emma Francis is currently a Research Assistant at the Clinical Research Unit -Psychiatry of Old Age and Neuropsychiatry, South West London and St George’s Mental Health NHS Trust. She has studied (BSc) Psychology at Queen’s University Belfast and (MSc) Psychiatric Research at King’s College London. Emma’s main research interests are Dementia and Psychosis and she hopes to go on to complete a PhD.

KAREN FRANKS
Gateshead Health NHS Foundation Trust

Dr Karen Franks is a NHS consultant in Old Age Psychiatry in Gateshead, UK. Her interests include improving care for those in 24-hour care settings and trying to maintain links between all those with an interest in good quality dementia care in an increasingly fragmented health and social care system. She leads the dementia and mental health workforce for the Gateshead Enhanced Healthcare in Care Homes Vanguard, one of the six Care Homes Vanguards across England.

LUCY FROST
Cambridge & Peterborough NHS FT

Lucy Frost is Dementia Lead Nurse Consultant at Cambridgeshire and Peterborough NHS Foundation Trust. Lucy works across community and inpatient services and teams to promote person-centred care and support for people living with dementia and carers. She works clinically in memory assessment services. Lucy has research interests in wellbeing, healthy ageing and non-medical interventions in dementia care and is an Alder’s Patient’s Nurse Fellow of Kings College, London. Lucy is an advocate and champion for the role of dementia specialist nurse in dementia care.

BOB FULCHER
West Yorkshire Playhouse

Bob Fulcher is a curator of West Yorkshire Playhouse’s festival of theatre and dementia. Bob spent his working life farming crops and livestock. He has a passion for music, photography and poetry. In 2008 Bob was diagnosed with Alzheimer’s Disease at the age of 62. He shares his experience of living with dementia at public events and forums.

DEBJANI GANGOPADHYAY
University of the West of Scotland

I am an international medical graduate from India who came to UK in 2004. I have worked with people with dementia in India, in the UK I worked in NHS as a trainee psychiatrist. I became interested in academia and changed my career to pursue an academic career. I completed Master of Public Health from University of Edinburgh and am currently a PhD student at the University of West of Scotland. I am an associate member of the Higher Education Academy.

DAWNE GARRETT
Royal College of Nursing

Dawne is the Royal College of Nursing Professional Lead for Older People and Dementia Care. She has committed her nursing career to working with older people through a variety of clinical, academic and entrepreneurial roles. Her experience has spanned acute care, community nursing and integrated services. Developing through some of the traditional nurse leadership roles Dawne also undertook a variety of early advanced practice and lecturer practitioner posts. She became a Consultant Nurse in Intermediate Care over a decade ago which cemented her desire to challenge the stereotypes associated with nursing older people. Her doctoral research focuses on older people’s experiences of sexual intimacy.

ANNA GAUGHAN
Life Story Network CIC / tide - together in dementia everyday

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. tide, a legacy from the Carers Call2Action, is hosted by the Life Story Network. She is passionate about narrative practice, citizenship and human rights approaches to empower people with dementia and family carers.

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CLARIE GOODCHILD
ROYAL SURGICAL AID SOCIETY (RSAS)
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.

BEV GRAHAM
DARNELL DEMENTIA GROUP
Bev Graham is the day centre co-ordinator for Darnell Dementia Group in Sheffield. She is an experienced worker in the field of dementia care. Bev has a passionate interest in promoting and providing high quality support and well-being for people with dementia and their supporters.

KATE GRIDLEY
UNIVERSITY OF YORK
Kate Gridley has been a researcher with the University of York since 2006. Here she has worked on a variety of studies looking at the experiences of people with complex needs and the services available to them. She has a particular interest in support for people with dementia and their carers. She recently ran a large study looking at the use of life story work in dementia care and the feasibility of studying this in real-world practice settings. Currently she is researching specialist nursing support for carers of people with dementia, using the Admiral Nursing service as an exemplar.

ALYS GRIFFITHS
LEEDS BECKETT UNIVERSITY
Alys is a Research Fellow in Dementia Studies at Leeds Beckett University. Alys is currently the hub lead for West Yorkshire on the Enhancing Person-Centred Care in Care Homes (EPCIC) trial. Alys completed a PhD in Psychology at the University of Manchester, investigating the impact of deficit and entrapment on the mental health of formal caregivers. Alys previously conducted music workshops in care homes in North Wales, collaborating with the Halle Orchestra and the Welsh National Opera. Alys is also part of the team developing Dementia Detectives, a workshop for secondary school students aged 14 to 16 years.

REINHARD GUSS
BRITISH PSYCHOLOGICAL SOCIETY
Reinhard is a Clinical Psychologist and Neuropsychologist, with a special interest in Memory Clinics, early diagnosis and therapeutic approaches in dementia, and in services for younger people with a dementia. Reinhard has a particular interest in the meaningful participation of people living with dementia in service development, evaluation and design. He led the Dementia Workstream, is outgoing chair of the Faculty of the Psychology of Older People, and a member of the BPS Dementia Advisory Group. He is involved in research and in teaching and training of the next generation of Psychologists working with people with dementia.

JANA HARAGLOVA
HISTORIC ROYAL PALACES
Jana Haraglova is Learning Producer at Historic Royal Palaces where she has worked since 2007 mostly in the community engagement and adult learning. This work included development and delivery of number of creative and learning projects and programmes for hard to reach audiences (e.g BAME communities), audiences with additional needs (people with mental health issues, learning disabilities, dementia) and general adult audiences. Jana also worked in a similar community engagement focused role at the Royal Botanic Gardens, Kew for 5 years. She is a qualified Integrative Arts Psychotherapist.

PHILLY HARE
INNOVATIONS IN DEMENTIA
Philly Hare became a Director of Innovations in Dementia CIC in January 2017. She was previously a Programme Manager at Joseph Rowntree Foundation, overseeing their major programme Dementia without Walls. She is also an Exchange Fellow at the University of Edinburgh. Philly’s particular interests are the empowerment and inclusion of people with dementia, and the application of research evidence to practice. As a qualified social worker, Philly has experience within the NHS, Local Authorities and the voluntary sector in many areas of adult social care. Philly has an MSC in Applied Social Studies (Oxford University).

CHRISTINE HARGAR
SUTTON CLINICAL COMMISSIONING GROUP
Christine has worked within the NHS for 14 years developing an expertise in change management and improving systems. Passionate to improve the quality of life for older people and a special interest in addressing loneliness and isolation, her current role is with Sutton CCG leading the nationally recognised Vanguard site to improve care for residents in care homes.

SIAN HARRISON
END OF LIFE PARTNERSHIP
Sian Harrison has worked in health and social care as nurse, midwife and social worker for over 30 years. Her interest in dementia and end of life care developed whilst supporting people with dementia and their families as a community social worker, and as a palliative care social worker in a hospice. In October 2014, Sian took up a post with the ‘End of Life Partnership’ in Cheshire, leading the specialist dementia team, which promotes a palliative care approach for people with dementia to improve their end of life experience.

KAREN HARRISON DENING
DEMENTIA UK
Karen has over 40 years’ experience in nursing with 30 of those in the field of dementia care in a variety of roles and care settings. She became a Consultant Admiral Nurse in North London 10 years ago and now works for the charity, Dementia UK, as Head of Research and Publications. She gained her doctorate at UCL researching advance care planning and end-of-life care in dementia. She has recently worked with the Nursing Standard to commission and co-edit the successful series of over 30 papers relating to dementia care.

MARC HARVEY
NORTHERN HEALTH AND SOCIAL CARE TRUST
Marc Harvey is the team leader of the Dementia Home Support Team (DHST). DHST are a multi-disciplinary team that provide behavioural assessment and interventions to people with dementia. Marc was involved in developing CLEAR Dementia Care, a model of behavioural assessment and interventions that demonstrated good outcomes for service users, carers and staff. Further innovations within DHST include the piloting of a hospital outreach service, a Delirium Support Service and CLEAR Training for carers.

ROS HEATH
LANDERMEADS
Originally an English teacher I set up Landermeads with Rob, my husband, in 1989. I continued to teach, studying for a Masters in Human Relations as well as working at Landermeads. I was passionate about my teaching and students and, when I had my family, I dedicated this passion to Landermeads - I believe in emotionally led support because I see how it transforms the lives of people who live with a dementia, the staff who support them and the relatives who visit. People who live with a dementia show us how to laugh, have fun and can empathise with the bruises of life if we give them the opportunity. They are the leaders in dementia care - we just need to listen.

JESS HILES
EXPERT BY EXPERIENCE
Jess is 33 years old and has learning and physical disabilities. She lives on her own support with Mac thyroid and works in a garden nursery, teaches sign language at a day centre and volunteers helping with sport. Jess is also Vice Chair of People’s Parliament Worcestershire for people with disabilities and is part of the Macthry group ‘My Voice’. With her mum, Jo Alland, Jess has published three books about a disabled fairy called Jess, who loves nothing better than to help others. Jess has also recently won a Gold Medal in Boccia at the National Special Olympics.

SUZANNE HILL
UNIVERSITY OF BRADFORD
Suzanne Hill is a Pharmacist by background who splits her time between her PhD studies, an interdisciplinary clinical teaching position and raising 3 beautiful children. Her research is investigating the management of medicines, when people living with dementia move between the care home and hospital setting, and the impact on the quality and continuity of care.

CHARLIE HOARE
HUNTINGDON HOUSE & LANGHAM COURT
My experience in adult social care started when I was born, as I spent the first 10 years of my life living in my parent’s care home (Huntington House) before they bought the house next door. Perhaps because of this, or the fact that my parents never pressured me to follow in their footsteps, I did not embark on a career in care straight out of education. However, the calling to care for people was too great and I returned to the family business in 2013 to help build, open and run our second care home, Langham Court. I then stepped into my current role of Managing Director in early 2016, overseeing both homes.

BARBARA HODKINSON
BUTTERFLY SCHEME
Barbara Hodkinson was her mother’s main carer for thirteen years; her mother lived with vascular, and then mixed dementia. As an experienced teacher with academic and pastoral leadership experience Barbara observed and analysed the challenges of dementia care within hospitals and realised how healthcare teams could achieveably be given a skilled dementia care approach; she spent two years researching to develop the Butterfly Scheme, which is now adopted in over 150 hospitals across the UK. She continues to lead the scheme and also to speak out from a carer perspective on matters relating to dementia care.

JOANNE HOLMES
BOURNEMOUTH UNIVERSITY
Joanne is a lecturer in food science and a Registered Nutrician. Her research is focused towards improving food, fluid and nutrition for the older person. She is currently undertaking her doctoral research entitled ‘An exploration of the factors that affect the complete meal experience for elderly living in residential care’ as well as being involved with other research projects aimed at the older person. She has previous experience developing food products for multinational companies as well as strong links to the dairy sector which has inspired her enthusiasm for understanding how to enable people to eat and drink well.
PHIL JODDRELL  
**UNIVERSITY OF SHEFFIELD**
Phil is a PhD student at the Centre for Assistive Technology and Connected Healthcare (CATCH) in the School of Health and Related Research (ScHARR) at the University of Sheffield. He has eight years’ experience working with people living with dementia in both clinical and research environments. Phil’s PhD is investigating the use of touchscreen technology with people with dementia, with the aim of increasing the accessibility of existing apps. His research interests are focused on improving the quality of life for people diagnosed with dementia using everyday technologies. As part of his research Phil has developed the Ac/o Dementia website as a resource for people with dementia and caregivers to find games and information about using tablets.

CLANCY ORRELL  
**UNIVERSITY OF MANCHESTER**
Dr Clancy Orrell, Clinical Psychologist, has worked with people with dementia and their informal carers for over 15 years. He enjoys a weekly dementia support group and he writes and runs a podcast on mental health and dementia called ‘The Dementia Roundup’.

CLIVIA JEPSON  
**SHEFFIELD HEALTH AND SOCIAL CARE NHS FOUNDATION TRUST**
Clive Jepson is a consultant in Primary Care Medicine at the Sheffield Health & Care NHS Foundation Trust.

CHLOE HOOD  
**ROYAL COLLEGE OF PSYCHIATRISTS**
Chloe is the Programme Manager for the National Audit of Dementia at the Royal College of Psychiatrists’ Centre for Quality Improvement (CQI). She has worked at the CQI since 2005 on accreditation and audit projects. In 2006 she coordinated the scoping report for the Healthcare Commission on priority areas for the audit of care and treatment of people with dementia, which led to the commissioning of the National Audit of Dementia (care in general hospitals). She has managed the audit from its initial development in 2008-9 to date.

SARAH HOUSEDEN  
**UNIVERSITY OF EAST ANGLIA**
Sarah qualified as an occupational therapist in 1994 and has worked in a variety of health and social care settings. Over the past 20 years she has focused largely on the provision of therapeutic interventions for older people and those living with dementia, with a particular interest in multisensory and person-centred activities. Her doctorate completed in 2016 and entitled ‘The Past, the present and the person’ explored the use of group reminiscence activities as a route to and catalyst for learning in later life. Sarah now works as a senior lecturer in the School of Health Sciences at the University of East Anglia.

MARK HOWARD  
Mark has for the last four years been employed by The Orders of St. John Care Trust as an Admiral Nurse, primarily supporting the professional carers in the Trust’s care homes throughout Lincolnshire, he also supports families of the care home residents. Since qualifying as a mental health nurse in 1999 Mark has specialised in older adults mental health care, working across wards, day services and community working with people with functional mental illnesses as dementia. Combined, Mark has 34 years of experience in the care of older adults across the health and social care sector.

MIIHODEUR  
**NHS WARSALE CCG**
Michael began training as a mental health nurse in 1984. He specialised in older people and spent over 20 years’ working in community. He taught at three universities and last clinical job was as a Specialist Nurse Practitioner and Nurse Independent Prescriber before becoming a joint commissioner in 2009. As a clinician, Michael’s speciality was triage, urgent referrals, nurse prescribing and staff development. He is an advocate of positive risk taking and believes passionately in improving the lives of older people with mental health issues and dementia by commissioning appropriate services which promote independence and choice.

ANTHEA INNES  
**SAFORD INSTITUTE FOR DEMENTIA**
Anthea Innes is Coles-Medlock Professor and Director of the Salford Institute for Dementia where she leads an interdisciplinary research team. She has previously worked at the Universities of Bradford, Bournemouth and Strirling; She has worked in the dementia field for over 20 years and led over 80 research studies. Her work focuses on the experiences of those impacted by dementia, those with the diagnosis and those who provide support. Her research interests include, rurality, creativity, technology and improving the lives of those with dementia.

JEREMY ISAACS  
**ST GEORGE’S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST**
Jeremy Isaacs is a consultant neurologist at St George’s and Kingston Hospitals and is dementia clinical lead at St George’s Hospital. He is clinical lead for Effective Diagnosis and deputy clinical director of the London Neurosciences Clinical Network. Jeremy runs a multi-disciplinary cognitive neuroscience service at St George’s Hospital offering diagnosis, treatment and support for young-onset and atypical dementias. He has developed a pioneering support group for people affected by young onset dementia (www.youngdementiasupport.org.london). He has research interests in clinical trials in dementia, repurposing of drugs for dementia and delirium and the neuropsychology of functional cognitive disorders.

TONY JAMESON-ALLEN  
**SPORTING MEMORIES NETWORK**
After working as a professional caddie on the European Golf Tour, Tony qualified as a Registered Mental Nurse in 1995. After attending training with Prof Tom Kitwood in 1996 to be a Dementia Care Mapper, Tony enjoyed some wonderful moments in clinical practice before moving into regional service improvement work. Working with colleagues at WMHSE, Tony had the pleasure of working in partnership with older people to produce a number of national best practice guides and toolkits. Tony co-founded Sporting Memories with Chris Wilkins in 2011 to begin to address three significant challenges facing an ageing society; dementia, depression & loneliness.

CLAIRE JEPSON  
**SHEFFIELD HEALTH AND SOCIAL CARE NHS FOUNDATION TRUST**
Claire Jepson is an experienced senior Occupational Therapist working with people living with dementia who experience high levels of distress. She has a passion for exploring non-pharmacological interventions and these include a range of creative approaches and the use of the Paro Seal.

ROSS JOUSTRAS  
**SELF-ADVOCATE**
Rosie has also been working on the Dementia Project over the last year. She is an Expert by Experience and self-advocate. Rosie is great to have as part of the Dementia Project team at MacIntyre and she has been supported by MacIntyre for the last 25 years. Rosie has co-presented at many conferences and events, and does all that she can to raise awareness of Learning Disability and Dementia. She also attends MacIntyre’s Dementia Special Interest Group and writes her own section of the newsletter called ‘Rosie’s Roundup’.

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.

DOMINIQUE KENT  
**THE GOOD CARE GROUP**
Dominique Kent was appointed to the Board of The Good Care Group in 2010. With an ambition to recognise carers for the professionals they are, The Good Care Group now employs over 700 staff. With over 15% of its clients living with dementia (a small number with young onset), Dominique is proud to have led the development of its dementia care services. The team are proud to be rated ‘outstanding’ by CQC. Dominique sits on the Board of the UK Home Care Association, the Board of The Live-In Care Hub and the Board of L&G Living to help develop care services.

ROD KERSH  
**DONCASTER ROYAL INFIRMARY**
Rod is Consultant Physician and Geriatrician at Doncaster and Bassetlaw NHS Trust & YEH Dementia Clinical Network Advisor - Doncaster and Bassetlaw NHS Trust. Older People & Rehabilitation. He has led the award winning Mallard Ward, and contributed to the Department of Health’s Dementia Friendly Hospitals.  

EMMA KILLLICK  
**MACINTYRE**
Emma Killick is Director of Adult Services for MacIntyre and has worked in a range of roles within the company for 26 years. Emma is responsible for the support provided to over 1000 adults in a range of geographic settings. Since MacIntyre was awarded a significant grant from the Department of Health’s ‘Innovation and Excellence’ fund for the MacIntyre Dementia Project in 2016, Emma’s role now also involves overseeing the project alongside the rest of the team.

JOHN KILLLICK  
**DEMENTIA POSITIVE**
For the past twenty-five years John has worked as a writer with people with dementia. He has edited eight books of poems, and five books on Communication and Creativity, including collaborations with Kate Allan, Ann Basting and Claire Craig. He has just completed five years as Poet Mentor at the Courtyard Centre for the Arts and is embarking on research projects with the Universities of Worcester and Bangor. His latest books are ‘The Story of Dementia’ (launched at the Edinburgh International Book Festival) and ‘Poetry and Dementia’ (to be launched at the UK Dementia Congress).
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 as a consultant trainer on culture change projects in the UK, Ireland and most recently in Canada and Australia. Sally is the author of *Loving, the essence of being a butterfly in dementia care*, published with Hawker Publications and the seventh in the Feelings Matter Most series. She has written a range of publications on the needs of older people who are lesbian, gay, bisexual or trans, including a new Age UK guide *Safe to be me*. She is currently working with Opening Doors London to set up a Rainbow Memory Café for LGBT+ people living with dementia and LGBT+ carers.

**MANI KRISHNAN**  
**Health Education North East**

Dr Krishnan and Dr Fuiler are passionate about promoting Delirium awareness to health care professionals and the public. Actively championing Delirium education and prevention in Teeside and internationally through social media. Dr Krishnan started the *Thecanpreventdelirium* in 2016. This hashtag now has global recognition. They have received funding from Health Education England North East in collaboration with TEWJ to run successful Delirium Conferences in 2016 and subsequently in 2017. *Thecanpreventdelirium* project has published articles on delirium in European Delirium Association journal and at the Old Age Psychiatric. Dr Krishnan and his team have won several national and regional awards including the OJ Network event in Leeds and BMJ awards 2017.

**ALEKSANDRA KUDLICKA**  
**University of Exeter**

Dr Aleksandra (Ola) Kudlacka is a psychologist and a researcher with an interest in psychosocial interventions for people with dementia. After gaining her MA in Psychology from the University of Warsaw, Ola worked clinically with people with acquired brain injury in the UK and graduated with an MSc in Clinical Neuropsychology and in 2013 gained her PhD in executive functioning in Parkinson’s disease from Bangor University. She is a Research Fellow in the Centre for Research in Ageing and Cognitive Health (REACH) at the University of Exeter, managing a multi-centre randomised controlled trial on cognitive rehabilitation in early-stage dementia (GREAT).

**SARAH LANCASTER**  
**MacIntyre**

Sarah has worked at MacIntyre for 9 years and is Frontline Manager for MacIntyre’s largest Registered Care service, which supports 40 individuals with various learning disabilities. Sarah has a Diploma Level 5 in Health and Social Care. Her main role involves making sure the people being supported within the service live a life that makes sense to them, whilst at the same time keeping them safe and ensuring their needs are met.

**ISABELLE LATHAM**  
**University of Winchester**

Isabelle Latham is Senior Lecturer at the Association for Dementia Studies, joining in 2011 as a research associate. She currently combines an active research role with delivery of many ADS education programmes, enjoying the translation of research findings into practical skills and knowledge for frontline staff. Isabelle is passionate about frontline care of people living with dementia and developing skills and passion of staff. This stems from her early career as a carer. Isabelle has 20 years’ experience of working in health and social care settings with a particular focus on safeguarding adults from abuse and educating frontline care staff.

**JESSICA LEE**  
**South West London and St George’s Mental Health NHS Trust**

Dr Jessica Lee is an Old Age and General Adult Psychiatry Higher Specialty Trainee in her final year. She studied medicine at Cambridge University and graduated in Natural Sciences/Pharmacology (MA) and Medicine (MB BChir). She is currently working in a general adult community mental health team at Hertfordshire Partnership NHS Foundation Trust, having also practised two years of older adult community psychiatry at South West London St George’s NHS Trust where she continues to be an honorary researcher at the Clinical Research Unit. Her special interest is in research in improving dementia care.

**DANUTA LIPINSKA**  
**Independent trainer and consultant**

Danuta Lipinska is an independent trainer and consultant with a personal counselling practice. Danuta works with a broad range of clients, and is privileged to have the opportunity of working with men and women with dementia, their carers and the professionals who support them, for over 28 years. Currently based in Norwich, Danuta has developed programmes of staff training and carer support and pioneered counselling services for people with dementia. Danuta is also a published writer, a subscriber of twenty years and an international presenter.

**HELEN LISTER**  
**South London and Maudsley NHS Foundation Trust**

Dr Helen Lister is a Clinical Psychologist working within the Older Adults Directorate of South London and Maudsley NHS Foundation Trust. She currently works with older adults who display behavioural and psychological symptoms of dementia and their carers providing consultation within NHS specialist care and to external care providers in her role within the Lambeth & Southwark Care Home Intervention Team. Prior to moving to older adults services she worked with working age adults who displayed behaviours that challenge within forensic settings. She has a particular interest in supporting families and carers.

**RACHAEL LITHERLAND**  
**Innovations in Dementia**

Rachael Litherland has worked with people with dementia for the past 19 years, with a background in psychology and advocacy. Rachael is a director with Innovations in Dementia CIC, a national community interest company. We work with people with dementia, partner organisations and others to help people with dementia keep control of their lives and be happy. Prior to setting up Innovations in Dementia, Rachael developed and managed the national “Living with Dementia” programme for the Alzheimer’s Society (2000-2006). This included providing leadership on issues relating to the involvement and support of people with dementia and supporting people with dementia in service and information development, campaigning and self-advocacy.

**ANDREW LLOYD**  
**University Hospital of South Manchester**

Andrew is the Project Manager for Mandatory Training & eLearning at Wythenshawe hospital. Andrew’s training career spans nearly 20 years, from training the Cast Members of the Walt Disney World and Disneyland Paris Resorts to devising and delivering training projects in the Middle East and Africa for British Midland Airways. This diversity in delivery helps Andrew devise training programs that change behaviour, not tick boxes. As the chair of the local LGBT+ Staff Network Andrew co-designed and hosted the first LGBT community and dementia event to identify the needs of the community and potential gaps in service provision.

**RIKKI LORENTI**  
**SweetTree**

SweetTree’s Admiral Nurse Rikki Lorenti has over 30 years’ experience in mental health care and has worked extensively with both late and early-onset dementia clients. As well as leading community mental health teams and in-patient wards he has also managed independent nursing homes in Yorkshire and Oxfordshire. As well as providing services to SweetTree clients across London, Rikki is currently leading an Admiral Nursing Service to families coping with early-onset dementia in East Berkshire, as the provider in partnership project with YPWB Berkshire CID (Younger People with Dementia).

**BUZ LOVEDAY**  
**Dementia Trainers**

Buz LoveDay is the author of ‘Leadership for Person-Centred Dementia Care’ (Jessica Kingsley Publishers 2012) and the director/lead trainer of Dementia Trainers, a team of specialist trainers with a mission to improve dementia care. A trainer in dementia care since 1991, Buz provides training for a wide range of organisations including NHS Trusts, local authorities and care providers. She specialises in delivering training on dementia care leadership and dementia training skills. Buz is also co-author of ‘Improving Dementia Care’ (with Tom Kilwood), the Alzheimer’s Society resource ‘tomorrow is Another Day’ and the SCIE e-learning course ‘The Open Dementia Programme’.

**IAN MACKIE**  
**Dementia Voices Stockton**

Ian Mackie, former Gunner Warrant Officer and maths teacher, diagnosed with dementia in 2011. I live independently at home with my wife, I am also a father and grandfather. I keep myself involved within the community where I can especially in relation to dementia. I swim three times a week and I am also a keen gardener, helping out at a local allotment and love to play outdoor bowls. I am an active member of the Stockton Dementia Network Steering Group and try to advocate for dementia services and those who have dementia where I am able.

**JILL MANTHORPE**  
**King’s College London**

Jill Mantz+ is Professor of Social Work at King’s College London, Director of the Social Care Workforce Research Unit and NHMRC Senior Investigator Emeritus. She undertakes advisory work for the Department of Health on several subjects and works closely with several social care employers to link research and practice. In the past year she has presented research findings to international conferences in Norway, Singapore and Australia; she also travels widely in the UK to speak with local and regional networks about Unit research. She has worked with the Journal of Dementia Care since its beginning.

**MARY MARSHALL**  
**HammondCare**

Mary Marshall is a senior consultant with the Dementia Centre, HammondCare. Her main focus is designing buildings and outside spaces for people with dementia - an aspect of dementia care on which she has written and edited numerous books and articles. She is also an Honorary Professor at the University of Edinburgh where she is involved with the Edinburgh Centre for Research on the Experience of Dementia, and an associate of Faith in Older People.

**KATE MATTHEYS**  
**University of Stirling**

Kate Mattheys is a Research Fellow at Stirling University. Her background is in social work and she was previously employed as a social worker in a community learning disability team, and subsequently a hospital discharge team. She left frontline practice in 2013 to undertake her PhD at Durham University. Her research focused on inequalities in mental health during a period of austerity. She moved up to Stirling University in February 2017 to take up her current research post that is using participatory methods to explore the role of non-drug interventions in supporting people who have learning disabilities and dementia.

**Hazel May**  
**Royal Surgical Aid Society (RSAS)**

Hazel May (MA DipCOT SRGI) is the Dementia Carers Services Lead for RSAS. She is an Occupational Therapist and holds a Master’s Degree in Philosophy and Health Care, with over 30 years’ clinical experience working in health and social care settings directly with people living with dementia and their families. She has designed and delivered dementia specific training programmes within university settings and as an independent trainer/consultant. More recently Hazel has delivered dementia care training for Harrison Training and the College of Occupational Therapists in addition to leading a project for Leicester NHS Partnership using the Enriched Model to reduce falls on their dementia care assessment wards.
ANDREA MAYRHOFER
UNIVERSITY OF HEARTFORDSHIRE
Andrea is a Research Fellow in Health and Social Care. She currently leads a project on Young Onset Dementia and is involved in a national evaluation of Dementia Friendly Communities (DFC). Related work includes dementia education and training, end of life care, and adaptive coping when living with a chronic illness.

LISA MCAVAN
CARRERS LEEDS
Lisa McAvan is trainer and support worker for Carers Leeds. She delivers their carers support and training.

LUCY MCCORMACK
DEMENTIA VOICES STOCKTON
Specialist Dementia Advocate, coordinating a Comic Relief funded project Dementia Voices Stockton, Advocacy Service. My initial dream of becoming a mental health nurse was so that I could care for patients who have dementia. I supported my Nanna Eve and Grandad Jim (carer) during their dementia journey and the desire to help others was only amplified. I have a passion to actively encourage others to embrace my passion for research and involvement.

JANE MCKEOWN
UNIVERSITY OF SHEFFIELD
Jane is a mental health nurse, lecturer and researcher working with Sheffield Health and Social Care NHS FT, the University of Sheffield and Collaborations in Leadership for Applied Health Research and Care, Yorkshire and Humber. Jane’s interests focus on exploring methods and approaches to enable people with dementia to be heard and acted upon in NHS improvement, research and education. Jane co-founded and facilitates Sheffield Dementia Involvement Group (SHINDIG) in collaboration with Sheffield Alzheimer’s Society.

MICHAEL MCLAULHIN
MAKING SPACE
Michael Mclaughlin is Dementia Project Worker for the Dementia Space Team. Employed by Making Space for over six years, starting as a Healthcare Assistant in an Independent Hospital specialising in holistic care for people with advanced dementia and distressed behaviour; he then became their activity coordinator and developed this into a well-being facilitator role, before becoming a Making Space Dementia Associate. He supports the team with development and has worked on the pilot of the Law Clinic national, opening four free hotspots. He is dedicated to reducing stigma and producing high quality services for people living with dementia and their family carers.

LYNDA MCNAB
BARTS HEALTH NHS TRUST
Lynda McNab (BSc Honours) is the Dementia Lead Nurse for Barts Health. She is an RMN with over 25 years specialising in working with people living with dementia. Lynda has set up and managed several successful community and inpatient services within the NHS, with her Home Treatment Team winning highly commended in the INK awards. In her current role she is dedicated to improving the experience of people living with dementia who come into hospital for physical illness and has established a robust training pathway in dementia care to create an empowered and skilled workforce.

GAVIN MILLER
ALZHEIMER’S SOCIETY
Programme Partnerships External Relationship Manager, Gavin has been at Alzheimer’s Society for 3 years and manages the Youth Engagement Team. Alzheimer’s Society’s ambition is to create a dementia friendly generation educating young individuals to enable people living with dementia to live in dementia friendly communities. Previous roles include Senior New Partnerships Executive and New Business Executive.

BRYAN MITCHELL
UNIVERSITY OF THE WEST OF SCOTLAND
Bryan Mitchell is a PhD research student who has recently submitted his doctoral study. Studying at the University of the West of Scotland where he is part of the Alzheimer Scotland Centre for Policy and Practice, Bryan is a qualified Complementary Therapist and has adopted a keen research interest in dementia and advancing practice in nursing homes. Using Action Research, Bryan’s PhD explored the contribution of complementary therapy within the care of nursing home residents experiencing later stage dementia.

GARY MITCHELL
FOUR SEASONS HEALTH CARE
Dr Gary Mitchell is a research coordinator for Four Seasons Health Care. He has authored 40 articles and written a book on doll therapy in dementia care. In 2016 he was awarded the honour of British Nurse of the Year and was recently listed in the Nursing Times’ Most Inspirational Nursing Leaders list. In addition, Gary serves on the editorial board for the Journal of Advanced Nursing and the Nursing Standard. He is passionate about dementia care.

WENDY MILLS
YORK MINDS AND VOICES
I was diagnosed with Young Onset Dementia on the 31st July 2014 at the age of 58 years young. I might not have much of a short-term memory but that’s one detail I’ll never forget. I have 2 daughters and live happily alone in the East Riding of Yorkshire. I retired early from the NHS, having worked as a non-clinical team leader for 20 years in psychiatry, both in the community and clinical world, so I now spend all my time travelling around the country raising awareness and encouraging others to embrace my passion for research and involvement.

SARAH MONKS
SAFFORD ROYAL FOUNDATION TRUST
Sarah is the Lead Nurse for Dementia and Delirium at Safford Royal Foundation Trust. She is passionate and ignites changes within dementia care to improve experiences for people living with dementia and their loved ones. Sarah is committed to fighting injustice, raising the profile of hard to reach communities and identifying opportunities to develop systems and services to ensure they remain person centred. Sarah has been blessed and inspired to keep ‘fighting the good fight’ by all the families she has met along the way.

ANGELA MOORE
HINCHINGBROOK HOSPITAL NORTH WEST ANGLIA NHS TRUST
Angela has over 35 years in nursing most of which have been in the field of dementia and older peoples care. She has worked in both community and acute care and has been instrumental in the setting up of the older peoples nursing role at Hinchinbrooke Hospital prior to commencement as an Admiral Nurse. Since working with Dementia UK she has organised the first dementia conference to be held at Hinchinbrooke Hospital and now is associate lecturer teaching dementia at Anglia Ruskin University in Cambridge.

JO MARIARTY
KING’S COLLEGE LONDON
Jo Mariarty is a Senior Research Fellow and Deputy Director at the Social Care Workforce Research Unit, King’s College London. Jo’s research interests include dementia, workforce recruitment and retention, education and training, support for family carers, service user involvement, ethnicity and ageing. Jo is particularly interested in the translation of research into practice. Jo blogs regularly for the Social Care Elf which aims to critically appraise recent social care findings in an accessible way. She is currently working on a variety of Unit projects. She is Innovative Practice Editor of the international journal Dementia.

CLARE MORRIS
CYCLE TRAINING UK
Clare Morris, a psychotherapist with many years’ experience of working with people with dementia in a variety of settings. Her work involves designing creative interventions for people with dementia and their families (most recently cycling and yoga). She works in care homes and with people in the community and is interested in the role of supporting formal carers and relatives in a person centred way to do the very challenging work required of them. Clare has formed an exciting working partnership with the co-author, and developing a support system for formal and informal carers and practitioners is one of a range of projects in progress.

RACHEL MORTIMER
ENGAGE AND CREATE
Rachel Mortimer is the founder and Director of Engage and Create. Rachel is a passionate advocate of the need for improved and enhanced interaction and communication for people living with dementia. Rachel has a Montessori Diploma with distinction and a BSc (Hons) Psychology (Open). She is a professional artist and has worked as a carer. Since starting Engage and Create in 2012, she has developed the social purpose aimed at helping those who face challenges living with dementia. Rachel has worked with a number of different NHS, Social Care and Care Home organisations, directly with people with dementia through her Ignite Program, but also providing education and consultancy.

GAIL MOUNTAIN
UNIVERSITY OF BRADFORD
Professor Gail Mountain is Director of the Centre for Applied Dementia Studies, University of Bradford. Gail holds a visiting Professorship at University of Sheffield, and an honorary chair in Occupational Therapy research at Sheffield Hallam University. She also is visiting Professor at the University of Ulster, Northern Ireland. Gail worked as an occupational therapist for over 13 years before commencing a research career. Most recently Gail’s work has involved projects to develop and test interventions to promote living well with later life. She is now leading a multi-site randomised controlled trial of an intervention to promote self-management in people post dementia diagnosis.

SUZANNE MUMFORD
CARE PREPARED
Suzanne Mumford MSc, Founder of Care Prepared, a Social Enterprise supporting organisations and individuals with coaching support, consultancy and team development to support people with dementia and Parkinson’s Disease. As a registered nurse I have been supporting people living with dementia and Parkinson’s Disease for over 35 years in hospital, the community and care homes.

DAMIAN MURPHY
INNOVATIONS IN DEMENTIA
With a background in learning disability nursing, and formation living in community in Latin America, I have spent 20 years working with people with dementia in acute, community and long-term care settings. After a long association with Innovations, I became a co-director in September 2016. I am particularly interested in the promotion of relationship-centred approaches and have created the Getting Along approach and training programme. I live with the girl of my dreams and our 3 children in York.

JANE MURPHY
BOURNEMOUTH UNIVERSITY
Jane is a Professor of Nutrition and a Registered Nutritionist and Dietitian. She leads research and evidence-based education committed to improving nutritional health and wellbeing specialising in age-related conditions, including undernutrition and the complex problems faced by people living with dementia. Jane co-leads the Ageing and Dementia Research Centre at Bournemouth University and led research on improving nutrition and dementia care in the community. She is also Clinical Lead for the Nutrition in Older People Programme - Wessex Academic Health Sciences Network to advise and support funded research and implementation projects on integrated approaches for the identification and treatment of undernutrition in the community.

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JUNE NEIL
RNIB
June has been employed by RNIB for over 15 years supporting adults with complex needs and sight loss. Her current role in RNIB UK Practice and Development Team (PDT) focuses on developing and delivering training to health and social care professionals, optometrists and carers on sight loss and dementia, receiving two highly commended at Asby Awards for excellence in collaboration in partnership with other organisations such as MHS and Alzheimer Scotland, she has created resources including e-learning to support people with sight loss and dementia. She is an active member of Vision 2020 UK Dementia and Sight Loss Interest Group.

CHRIS NORRIS
Dementia Service User Envoy
Chris Norris has been a musician in the army, a village policeman and a driving examiner and had to retire due to HT which was diagnosed just under 5 years ago. He is a Kent Dementia Service User Envoy and service user on MNAP accreditation visits.

SHIRLEY NuroCK
ALZHEIMER'S SOCIETY
Shirley Nurock cared for her husband for over 15 years. A GP in London, he was in his fifties when he developed Alzheimer’s disease. Shirley is the London Area Coordinator of Alzheimer’s Society Research Network of volunteers. She sits on the steering committees of numerous major research projects. Gaining an MSc in Social Gerontology at London University, she was the first carer to be awarded an Alzheimer’s Society research grant for a project on quality of life in care homes. Shirley has spoken at many conferences and seminars internationally and has published articles in the BMJ and other journals.

SARAH OrMSTON
MACINTYRE
Sarah has been managing the MacIntyre Dementia Project team since March 2017 and is committed to bridging the gap between learning disability and dementia. Sarah initially trained as a secondary school teacher, teaching English to some of our most vulnerable members of our society, so understands how important it is to give each person a life that makes sense to them. Sarah is both responsible for the internal implementation and corporate auditing of MacIntyre’s Health Agenda through her role as Specialist Health Advisor.

NOREEN ORr
UNIVERSITY OF ExETER
Dr Noro Orr is a Research Fellow in the University of Exeter Medical School. She has a specific interest in using qualitative research methods and has experience in undertaking in-depth interviews, life story interviews, focus groups, and in using visual methods in primary research projects. More recently, she has undertaken evidence synthesis research: she has led on the qualitative evidence synthesis strand of a mixed methods review on a NIHR RPB funded project on older people and physical activity, and on a systematic review of the qualitative evidence on older people’s sensory experiences of the natural environment.

JAN OYEBODE
UNIVERSITY OF BradfORD
Jan Oyebode is a clinical psychologist and Professor of Dementia Care at the University of Bradford. She was recently a co-investigator in RHAPSODY, a European project focused on understanding and meeting the information needs of carers of people with young onset dementia, and she leads the post-diagnostic stream recently a co-investigator in RHAPSODY, a European project focused on understanding and meeting the information needs of carers of people with young onset dementia, and she leads the post-diagnostic stream.

LOUISE PAGE
SHEFFIELD TEACHING HOSPITALS FOUNDATION TRUST
Louise qualified from Derby University as an Occupational Therapist in 1993. She has worked for the last 24 years at the Sheffield Teaching Hospitals NHS Foundation Trust. In 2011, she became the Trusts Therapy Specialist Health Advisor.

GILLIAN PARKer
UNIVERSITY OF YORK
Gillian Parker is Professor of Social Policy Research at the University of York, and was previously director of its Social Policy Research Unit (2005-14). Her research interests include ‘care closer to home’, integrated services for people with long-term conditions, and interventions in dementia care. Current and recent research includes NIHR-funded projects on Life Story Work in dementia care, care closer to home for children who are ill, and reablement, and ESRC-funded work exploring change over time patterns of caring. She is part of the NIHR-funded Evidence Synthesis Centre at York and holds a number of research advisory roles.

MARIA PARSONs
CREATIVE DEMENTIA ARTS NETWORK
Maria has a background in professional social work. Since 1996 she has worked to improve the quality of care for people with dementia through work in research, consultancy and with major care providers. In 2010 Maria embarked on connecting this work with a life-long love of the arts and became the founding Chief Executive of Creative Dementia Arts Network. She is a member of the Journal of Dementia Care Editorial Board and the British Society of Gerontology and a Fellow of the Royal Society of the Arts.

SAHDIA PARVEEN
UNIVERSITY OF BradfORD
Dr Sahdia Parveen is a Senior Research Fellow at the Centre of Applied Dementia Studies, University of Bradford. Sahdia has a background in health psychology and her research interests include diversity and dementia, family carers and psychosocial interventions to support people living with dementia. Sahdia has experience in conducting large scale national surveys and was a co work package lead on the What Works in dementia education and training study.

NICOLA PAYNE
MACINTYRE
Nicola Payne has worked at MacIntyre for the last eleven years, her current role being Dementia Project Officer. This involves supporting people to learn more about what dementia is and how a person with a learning disability and dementia can best be supported. Nicola’s role involves working side by side with the people supported by MacIntyre to ensure their voices are heard.

KATHRYN PENRITH
MAKING SPACE
Kathryn Penrith is the Consultant Admiral Nurse for Making Space and the lead for the Dementia Space Team. She has worked as a registered mental health nurse with families experiencing dementia for 22 years in many care settings and has been an Admiral Nurse for 7 years. She is a Dementia Care Mapping (Basic) Approved Licensed Trainer and her interests and studies include pain management and end of life care, legal issues, practice development and communication.

FRANCIS PHILIPPA
FOUNDERATIONS
Francis joined Foundations in 2006 as Development Manager. He piloted one of the early hospital discharge projects and has managed two agencies. His role for Foundations is to ensure that person-centred, place based solutions remain at the heart of local collaborative housing services. He has recently taken on the secretariat of the national memorandum of understanding for joint action on health through the home, which commits a range of government departments, professional bodies and housing organisations to work together to ensure that the place people live helps them stay healthy, safe and in control. It is also what drives his interest in ensuring that the homes of people with dementia and their carers reflect changing needs.

JAMES PICKETT
ALZHEIMER'S SOCIETY
James Pickett is Head of Research at Alzheimer’s Society, overseeing a large portfolio of research across the spectrum from studies of single molecules to studies of healthcare systems. James develops new partnerships and initiatives to deliver Alzheimer’s Society research strategy. Previously James worked for Diabetes UK and as a journal editor at Nature Reviews. He completed his PhD in molecular pharmacology from the University of Cambridge in 2006.

HILARY PIERCY
SHEFFIELD HALLAM UNIVERSITY
Hilary Piercy is based in the Centre for Health and Social care research at Sheffield Hallam University, where she works as a principal research fellow. She has a clinical background in nursing. Her research uses a range of qualitative approaches and evaluative methodologies to explore aspects of health services research delivery particularly in relation to advanced practice roles and development of new service delivery models.

JACKIE POOL
SUNRISE SENIOR LIVING
Jackie Pool has over 30 years’ specialist dementia care experience as an occupational therapist. She is currently the Dementia Care Manager for Sunrise Senior Living UK. In addition, Jackie trained and supervised people who delivered Cognitive Rehabilitation in the NIHR funded GREAT study led by University of Exeter. Jackie is working with a European wide, EU funded study to develop an assessment tool for people who have cognitive difficulties and visual and hearing impairments. Jackie is the author of the Pool Activity Level (PAL) Instrument: a reliable and valid assessment and care planning tool for people with dementia. She publishes and speaks regularly at conferences on dementia-related topics.

PETER PRIEDNIEKS
DEMENTIA CARE MATTERS
Coming into the field of dementia care brought different aspects of Peter’s personal and work life together, specialising in linking Leadership and Change Management with implementing person centred care. Peter draws on his experience as a Master Practitioner in NLP (Neuro – Linguistic Programming) exploring how people form their identity and view of the world. Peter leads on several of DCM’s national programmes and projects in Canada and in Australia.

JANE Pritchard
THE GOOD CARE GROUP
Jane Pritchard is a Consultant Admiral Nurse and works for The Good Care Group, a company providing live-in care for people with dementia and other long-term conditions. She has been working with people with dementia in various nursing roles for fourteen years, and spent six years working as the Nurse Consultant for an early-onset dementia team. During this time she undertook a Clinical Doctorate at the University of Southampton, and submitted her thesis in February 2017. Her doctoral research project examined the views and perspectives of younger people with dementia about hope.

VANESSA PRITCHARD-WILKES
HOUSING AND CARE 21
Vanessa joined Housing & Care 21 in 2014 initially as External Affairs Manager. In 2015, she took on the role of Head of Strategic Engagement, a team which includes research, comm, PR, resident engagement and financial wellbeing. She has over 20 years’ experience in a range of public, private and public sector organisations and has gained considerable experience in research, evaluation, public policy and stakeholder engagement. Vanessa recently co-authored the Dementia friendly housing charter with the Alzheimer’s Society. A wide range of stakeholders within the housing sector were engaged with its production.
DAVID PRYTHERCH  
CARDIFF METROPOLITAN UNIVERSITY

David Prytherch is a Senior Research Fellow in Haptics and HCI Co-investigator on the AHRC funded LAUGH Design for Dementia Project. Research Associate with CARIAD, Cardiff Metropolitan University and Honorary Research Fellow with Birmingham and Solihull Mental Health NHS Foundation Trust. Research activities focus on haptic perception and communication, creative arts, design and assistive technologies, biological and psychological theories of engagement and motivation. He has a particular interest in the positive and life enhancing experiences of physical engagement with activity, including perceptual factors of well-being, creative arts and well-being, neuroplasticity and brain/body systems, intrinsic haptic reward and fundamental motivation.

SAM QUINN  
UNIVERSITY OF THE WEST OF SCOTLAND

Sam Quinn is a PhD student at the University of the West of Scotland (UWS) based in the school of health and nursing. His research concerns the lived experiences of older people with learning disabilities, with a specific focus on individuals with dementia. Sam’s PhD is investigating the suitability of group home settings for people with Down’s syndrome and dementia. Before joining UWS, Sam completed an undergraduate degree in sociology and a master’s degree in social research at the University of Sheffield.

PENNY REDWOOD  
LIFE STORY NETWORK CIC

Penny Redwood is an Associate of Life Story Network. A qualified Social Worker, she now works independently in practice development in the dementia field on a range of projects. Her company, Vision for Dementia specialises in sensory impairment and dementia. Life Story Network CIC develops, delivers and promotes improvements to the quality of care and support received by those who may be marginalised through ill-health, or social circumstances. By working closely with care providers, carers, housing associations, transport providers, schools and advocacy groups. It is about restoring and recognising the very things which make a real difference to us all as unique individuals, relationships.

HELEN REEVES  
ST GILES HOSPICE

Helen Reeves is the Clinical Lead for Community Palliative Care Services at St Giles Hospice. Helen leads on the Dementia Support Worker service in collaboration with Pathways 4 Life and Walsall CGG. Helen has past experience of managing inpatient services for St Giles Hospice, as a clinical lead for a District Nursing Team and has also worked in inpatient hospital settings. Helen has a BSc (Hons) in Adult Nursing, PG Dip in Specialist Nursing practice and is working towards a MSc in Healthcare Leadership. Helen is passionate about improving end of life care for everyone regardless of setting or diagnosis.

MARK RENDELL  
STEP CHANGE DESIGN LTD

Mark Rendell’s aim as a garden designer is simple: to help people use their gardens to the full and to reintroduce them to the amazing and healthful resource that their garden can be. He has a background in health, project management and training and writes articles and organises workshops, talks and presentations about gardening and nature. Together with his colleague at Step Change Design, Debbie Carroll, they have written a handbook to accompany their care culture tool. The Map, to help care settings engage their residents more actively and meaningfully with their gardens.

ANGELA RICHARDSON  
UNIVERSITY OF BRADFORD

Angela Richardson is a mental health nurse with a special interest in dementia care. She has over twenty years experience in practice and teaching. Angela is now engaged in research, undertaking her PhD, investigating the role of nurses in hospital to care home transitions for people living with dementia.

CRAG RITCHIE  
UNIVERSITY OF EDINBURGH

Professor Ritchie is currently Professor of the Psychiatry of Ageing at the University of Edinburgh and has moved from his role as Senior Lecturer in the Centre for Mental Health at Imperial College London in October 2014. Professor Ritchie is a leading authority on Clinical Trials in Dementia and has been senior investigator on over 30 drug trials of both disease modifying and symptomatic agents for that condition. He is leading the PREVENT project; a major initiative nationally which will identify mid-life risks for later dementia research, Ambassadors for the National Association of Care Caterers, NACC. NWSUFCF Regional Administrator for their Live Well campaign. He has a background in performing arts and in the voluntary sector, and as a writer and editor she has produced online information for the public linked to NICE clinical guidelines, and toolkits and information materials for national health charities. In her role at Alive! she draws on work in and with over 120 care settings in the South West, and on 10 years of close family experience of living with dementia.

CLAIRE ROYSTON  
FROM 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 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.

CHRISTOPHER RYAN  
FORGETMENOTS

Christopher Ryan has been a merchant seaman, a lifeboat man and fisher, before he developed FTD which was diagnosed just over 5 years ago. He is an active member of the Kent ForgetMeNotts and currently campaigning on PIP.

LIZ SAMPSON  
UNIVERSITY COLLEGE LONDON

Dr Liz Sampson is a Reader in the Marie Curie Palliative Care Research Department, Division of Psychiatry, University College London. Her research focuses on how to improve palliative and end of life care for people with dementia and liaison psychiatry for older people. Liz works clinically as lead consultant for older people's liaison psychiatry at North Middlesex University Hospital.

KRITIKA SAMSI  
KING'S COLLEGE LONDON

Kritika Samsi is currently studying different aspects of social care in dementia. Her previous studies including people with dementia and carers have focused on: accessing services to receive a diagnosis, transitioning from ‘memory problems’ to ‘having dementia’, change and continuity in quality of life with dementia, decision-making in housing with care, end of life care in dementia and the implications of the Mental Capacity Act for people with dementia. She is co-Chair of the Margaret Butterworth Care Home Forum. She teaches on MSc courses, supports MSc and PhD students, and is joint book review editor of Ageing & Society.
Cara Sass is a PhD student within the Centre for Dementia Research at Leeds Beckett University. She first joined the centre as a Research Assistant for the What Works? study of dementia training and education, to understand the most effective approaches to dementia training for the health and social care workforce. Cara’s previous roles have included evaluating the efficacy of family therapy for young people at risk of self-harm and injury, and supporting adults seeking treatment for alcohol dependency. Cara hopes her PhD studies will lead the way for a successful career supporting people to live with dementia through research.

Pam Schweitzer, European Reminiscence Network. Pam Schweitzer has spent the last thirty years developing reminiscence arts work, especially original reminiscence theatre productions, both professional and amateur. She founded the Age Exchange Theatre Trust and the Reminiscence Centre and was its Artistic Director (1983-2005). In 2000, she was awarded the MBE for her services to reminiscence. She directs the European Reminiscence Network (1993): specialising in international reminiscence festivals and conferences and co-ordinating Europe-wide projects. She founded and continues to coordinate the international project ‘Remembering Yesterday, Caring Today’ supporting people with dementia and their family carers across 12 EU countries. She is an Honorary Research Fellow at the University of Greenwich.

Emily Shoesmith, Leeds Beckett University. Emily Shoesmith is a research assistant at Leeds Beckett University, working on the DCM-EPIC trial, and on the project co-developing and delivering a carers education and support programme. She has recently started her PhD, investigating the feasibility and acceptability of a person-centred arts based intervention to support individuals to live well with dementia.

Rachel Silver, Self-Advocate. Rachel has been working on the Dementia Project over the last year. She is an Expert by Experience and a self-advocate and has been supported by MacIntyre for the last 18 years. Rachel is truly a valued member of the team, and has co-presented at many conferences and events including the College of Royal Psychiatry. She often talks and reflects on the emotional impact that dementia has had on her and speaks on living with her best friend Alison who developed dementia at the age of 46.

Joanne Sims, Sheffield HSC & NHS Trust. Joanne Sims is the Clinical Manager of Ward G1. Having qualified as an RMN in 1987, Joanne spent her early years as a staff nurse on long stay rehabilitation wards at Middleton Hospital before leaving nursing completely to pursue her own business, selling stationery and furniture. Since returning to the NHS in 2009 as a Support Worker and having re-qualified, Joanne has successfully progressed to Ward Manager and has a passion and desire to provide the best possible care and support for people with dementia and their carers.

Polly Sinclair, Health Innovation Network. Polly Sinclair is a Project Manager for Dementia and Patient Experience at the Health Innovation Network (HIN). Prior to working for HIN she worked as a Project Manager in a joint commissioning team across Richmond Council and CCG including becoming involved in developing dementia services and making steps to becoming a dementia friendly borough. She has also worked as a social researcher both in the private and public sector and has experience of using a variety of research methodologies to obtain views from hard to reach groups, including people with dementia.

Sarah Smith, University of Sheffield. Sarah Smith is a Postdoctoral Research Fellow at the University of Sheffield, working with people who have dementia to introduce them to the benefits of technology. She completed her PhD on the use of iPads by people with dementia at home, in which she developed novel visual research methods for exploring the use of technology in dementia. Sarah is currently working at the UK site of the Horizon 2020 project IN-LIFE, exploring the impact of an 8-session, technology-based group activity on the cognitive function and quality of life of people with dementia.

Claire Surr, Leeds Beckett University. Claire Surr is a Professor of Dementia Studies at Leeds Beckett University. She has over 18 years of experience conducting research, teaching and training on dementia. Claire is currently leading two major research projects: the EPIC Trial, which is investigating the effectiveness and cost-effectiveness of Dementia Care Mapping (DCM), a tool for delivering person-centred care to people with dementia in care homes; and the What Works? Evaluation, which is looking at the ingredients for effective dementia training and education. Other recent projects include an evaluation of the Dementia Diaries project and evaluation of the Sporting Memories Reminiscence app.
CAROLINE SWARBICK
University of Manchester
Caroline Swarbick is a Research Fellow and Deputy of the Dementia and Ageing Research Team at The University of Manchester. Her research interests focus on co-production and co-research alongside people living with dementia. She is the Principal Investigator of Work Programme 1 of the ESRC/NHRF-funded Neighbourhoods and Dementia Research Study. Using participatory research methodologies, she is working alongside four UK-based groups of people living with dementia to support group members to design and undertake their own research projects.

GREG SWARBICK
Bupa UK
Greg Swarbick is Head of Healthcare Outcomes at Bupa UK and in his role he works across Bupa UK to design, collect and analyse data. Greg has developed Bupa UK’s approach to Patient Reported Outcome Measures and is a key expert in this field.

LUKE TANNER
Psychotherapist, consultant and trainer

CATHERINE TATTERSALL
University of Sheffield
Catherine is a Speech and Language Therapist and lecturer in the Department of Human Communication Sciences within the University of Sheffield. She has a background in cognitive neuropsychology and acquired communication disorders.

NICKY TAYLOR
West Yorkshire Playhouse
Nicky Taylor is Theatre and Dementia Research Associate at West Yorkshire Playhouse and PhD student at Leeds Beckett University researching the impact of creative co-production with people with dementia. A freelance speaker, trainer and consultant on arts and dementia, she conceived and led the world’s first dementia-friendly theatre performance, authored a best practice guide to staging such productions and supports national and international theatre sectors in adopting creative dementia-friendly approaches. Nicky has over 20 years’ experience working creatively with older people, holds a MSC in Dementia Studies (Bradford) and is a Churchill fellow, researching and sharing arts and dementia practice internationally.

ISAAC THEOPHILOS
Maplehurst Nursing Home
Manager of Maplehurst Nursing Home in Haywards Health, West Sussex which specialises in dementia care rated by CQC as “Outstanding”. In post as a Registered Manager from end of 2013. Educational qualifications: BSc Honours in Nursing, Level 5 Diploma in Adult Residential Management and currently ongoing - MBA in Health Care Management. Isaac is passionate about delivering kind, compassionate and outstanding care. He believes in going an extra mile for his staff and residents, to ensure they are all looked after very well.

AMANDA THOMPSELL
South London and Maudsley NHS Trust
Amanda Thompsell trained and originally practiced as a GP before becoming a consultant old age psychiatrist. For 7 years she provided clinical leadership to the Care Homes Support Team working with care homes with nursing before moving to an acute hospital old age liaison role and now she works in specialist care. She was involved with St Christopher’s in research evaluating the effectiveness of the Namaste programme and developing a toolkit. She has a particular interest in how technology can be used to improve the lives of those with dementia and their carers.

TIDE
Together in Dementia Everyday
TIDE is the UK wide involvement network for carers of people living with dementia, hosted by the Life Story Network CIC. We do not provide direct support to carers in their caring role as many other organisations do this. Rather, we enable carers to get involved to influence policy, practice and research. We offer a development programme to help them to recognise themselves as experts by experience and to give them the confidence and skills to be able to speak up and tell their stories with impact. More information about TIDE is available here: www.tide.uk.net

JEAN TOTTIE
Life Story Network CIC / Tide - Together in dementia everyday
Jean Tottie retired early from a career in health and social care when her father needed more care and support as his dementia advanced rapidly. She is a 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 was instrumental in setting up the carers Car2ACTION, the legacy of which is Tide - together in dementia everyday, which is hosted by the Life Story Network.

SANDY TRUSWELL
SomeFreshThinking Consultancy
David has worked in community mental health services in the UK for over thirty years developing services for people with complex care needs and enduring mental health problems in a career spanning the voluntary sector, local authority, and the NHS at a senior level. From 2009 - 2011 he was the Dementia Implementation Lead for Commissioning Support for London. He is Chair of the Dementia Alliance for Culture and Ethnicity a UK alliance of voluntary organisations working with dementia and an independent writer and researcher on dementia support and services for Black and minority ethnic communities. He is the Director of SomeFreshThinking Ltd, a healthcare consultancy.

JANINE VALENTINE
YeoVil District Hospital, NHS FT
Janine Valentine is a Nurse Consultant for Dementia and Older People at Yeovil District Hospital. She has experience of working within a variety of specialties across the acute care setting. In her current role as Nurse Consultant she works in a clinical capacity, leading a dementia care team alongside a wider strategic role of designing and developing services for patients with dementia and older people within the trust. She is passionate about the importance of emotional wellbeing in hospital, continually championing the value of patient centred therapeutic interventions within the acute care setting and thinks nothing of bringing a horse onto the wards to visit patients.

SARAH WALLER CBE
University of Worcester
Sarah is an Associate Specialist at the Association for Dementia Studies, University of Worcester. She developed and directed The King’s Fund’s award winning Enhancing the Healing Environment programme from its inception in 2000 to its transfer to Worcester in 2015. Sarah led the Fund’s work on dementia friendly design including the development of the environmental assessment tools which are now in use internationally. She has worked at all levels in the NHS at executive and non-executive level. Sarah is a Trustee of Chelsea and Westminster NHS Trust’s Health Charity with a particular interest in the arts.

BRIDGET WARR MBE
UKHCA
UKHCA is the professional association for providers of homecare services from the voluntary, public and independent sectors. Bridget has been UKHCA’s Chief Executive since July 2010, prior to which she was Chief Executive of Guide Dogs for six years and is a registered social worker. Bridget has held several Trusteeships and is currently the independent chair of two committees for the doubleblind charity, Sense. She chairs appeal panels for NHS England, the Care Provider Alliance and a multidisciplinary group for NHS England. She recently chaired NICE’s first full Social Care Guidance Development Group, focusing on homecare.

GAVIN WATKINS
Living with dementia
Gavin has been married over 40 years and lives with his wife Kim in Ebbw Vale, Wales. Gavin was diagnosed with dementia 6 years ago whilst living in Cornwall, there was little support on offer and Gavin was overwhelmed and feeling depressed about his diagnosis. Following a move to Wales, Gavin had support from Alzheimer’s Society Cymru and was encouraged to take part in group activities and to share his experience of living with dementia. Gavin has never looked back and regularly shares his experiences and expertise to influence services, policies and strategies locally and nationally.

JOY WATSON
Living with Dementia
Joy, together with her husband Tony, is a committed campaigner for Alzheimer’s Society and our Dementia Friends programme, regularly speaking out on her own experiences of living with dementia. Joy was the face of 2004’s Manchester Memory Walk, has been on BBC Breakfast and the new Victoria Derbyshire show on BBC Two as well as being featured in the Observer and Independent. She is a passionate proponent of the dementia friendly communities initiative and is a fantastic example of how life doesn’t have to stop when dementia begins. The 2014 Dementia Champion winner at the Society’s Dementia Friendly Communities Awards, Joy was also one of the main speakers at the Dementia 2015 conference.

ANNA WAUGH
University of the West of Scotland
Anna Waugh joined the Alzheimer Scotland Centre for Policy and Practice in 2007 as a Lecturer in Dementia. Before this, she worked as a Mental Health Nursing Lecturer at UWS, Anna’s area of interest is researching into the quality of education to support the development of care practices when working with people with dementia. Anna is a member of the Higher Education Dementia Network (HEDN) and is a Fellow of the HEA. Anna is a registered mental health nurse and has worked in a range of older people’s setting, with people with dementia in clinical leadership and professional development roles.

SUZY WEBSTER
Expert by experience and dementia trainer
Suzy Webster has worked in social care for over 20 years. She is a trustee for Alieve and leads two groups for families living with dementia in her local area. Suzy’s specialist area of dementia care and the knowledge base for the training she delivers to carers and health/social care professionals is informed on the moment to moment care of her Mum who lives with young onset dementia in their multi-generational home. Suzy is able to talk about the challenges they face as a family and bring this to her training, talks and workshops.

WENDY WELLS
Guinness Partnership
The Guinness Partnership owns and manages around 60,000 homes and provides care and support services for more than 10,000 people across England. Our core activities comprise housing for social and affordable rent, affordable home ownership, housing for older people and a range of care services, including care at home, extra care, supported and retirement living. Wendy leads the housing and dementia project which will ensure that Guinness become a dementia friendly organisation. Wendy and staff at Guinness are working hard to ensure that the homes and services we offer to our customers with dementia are fit for purpose and meet their needs.
CAROLINE WELSH  
**Music for Life**

Caroline Welsh is a founder member of Music for Life, having been part of the team since its first project 24 years ago. She has been instrumental in shaping and guiding the progression of the work throughout that time, alongside pursuing a busy career as an orchestral player, chamber musician and soloist. Caroline regularly leads creative projects for the Royal Academy of Music, the London Symphony Orchestra, and London Chamber Orchestra amongst others. She recently led a vocal workshop for the Choir of Yale University as part of their tour of India, collaborating with the musical charity Songbound in Mumbai.

LOUISA WHITE  
**Joyful Jams CIC**

Founder director of Joyful Jams CIC (JAMS) has been leading community movement, dance and voice sessions for over 15 years. As a dancer, Developmental Movement Practitioner/Trainer and yoga teacher Louisa brings a wealth of experience to creative well-being. She established JAMS to increase access to appropriate participatory sessions, and now takes on a more directorial role, developing new and exciting projects ensuring JAMS maintains artistic integrity and the person centred ethos.

JAMES WOODALL  
**Leeds Beckett University**

Dr James Woodall is a Reader and Head of Subject in Health Promotion at Leeds Beckett University. James’ research interest is the health promoting prison and how values central to health promotion are applied to the context of imprisonment. James has published broadly on health promotion matters including empowerment in health promotion and the contribution that lay people can make to the public health agenda.

MICHAEL WOODWARD  
**University of East Anglia**

Michael Woodward is a PhD candidate and Research Associate based at the University of East Anglia. Michael has an interest in research surrounding the care of older people and how society can help support older people and people living with dementia. He is writing up his PhD which looked at the social capital of older people in different care settings and the role that visitors and volunteers can play in the lives of those that are being cared for. He is currently working as a research associate on the DEMCOM project to nationally evaluate dementia friendly communities in England.

ELIZABETH YAXLEY  
**Norfolk and Norwich University Hospitals NHS Foundation Trust**

Liz qualified as an occupational therapist in 1989 and has spent the majority of her career specialising in older people’s mental health, working in acute, day hospital and community settings. Within this period she trained in systemic family therapy, extending those skills to older clients including those living with dementia. In 2010 she took on the role of specialist occupational therapist in older people’s mental health in acute care at Norfolk and Norwich Hospital. Since 2013 she has been dementia services manager in the same Trust, implementing the dementia strategy and setting up and managing the dementia support team.
EB1.1 NJINSKY

What's love got to do with it? Workshop for professional and family carers to explore the role of love in caregiving

Danuta Lipinska & Luke Tanner, psychotherapists

Psychotherapists Luke Tanner and Danuta Lipinska invite professional and family carers to explore the role of love in their own caregiving. Bringing family carers, people with dementia and professional carers together to discuss this fundamental but rarely discussed aspect of dementia care this workshop invites participants to consider the various ways love is expressed, nurtured, sustained as well as suppressed, feared, and threatened in dementia care. By learning more about the role of love in care giving from one another this workshop will highlight some of the steps carers can take to ensure that this quality remains at the core of person-centred dementia care.

EB1.2 LAZARUS

A model for success in supporting eye care for people living with dementia

Claire Roberts, NHS England and June Neil, RNIB

This interactive workshop will explore the impact of sight loss and ‘hidden sight loss’ on people living with dementia, and consider how to reduce diagnostic overshadowing. Through discussion, video clips, and experiential learning using sight-loss simulation glasses, attendees will gain knowledge of common eye conditions and how they impact on people living with dementia. They will be given tools to help support access to eye care services and consider the development of local dementia eye care pathways. Sharing learning from recent work in the West Midlands, we will present findings from surveys and case studies to understand the impact of Vision Friends training for frontline professionals in the dementia sector and professional training for Optometrists. Attendees will gain a practical understanding of sight loss and its association with dementia, understand that a person-centred approach means eye care is for everyone and leave with tools to support access eye health care.

EB1.3 OWNERS

Chair: Penny Redwood, Two presentations: Creating a dementia-friendly generation

Gavin Miller, Alzheimer’s Society

Nearly a third of young people in the UK know someone with dementia. As the population ages and the number of people living with dementia increases, more children are likely to be impacted through family and friends. This challenge also presents young people with the unique opportunity to be the agents of social change, to support people living with dementia to live well. Awareness-raising and education about dementia are core strands of creating dementia-friendly communities, children and young people are integral to changing the way that society thinks, acts and talks about dementia. We have created several initiatives to support children and young people (ages 5-25) to learn more about dementia, and to turn that understanding into action. These include teaching packs for primary and secondary schools, partnerships with unified youth organisations (like the Scouts Association) and adapting the biggest ever social action campaign, our Dementia Friends initiative, to be delivered in primary and secondary schools, in higher education and in care homes. This approach has been piloted and the impact of the programmes will be presented in this workshop.

I thought you would all be stuck up! People with dementia educating student healthcare practitioners through life story work

Jane McKeown & Catherine Tattersall, University of Sheffield

The presentation describes the Life Story Work Project for people with dementia established at the University of Sheffield, between the Department of Human Communication Science and the School of Nursing and Midwifery. The project provides opportunities for student Speech and Language Therapy students and nursing students to develop their confidence and communication skills by working with people with dementia and their family carers in a safe and supervised way. Each semester a new group of up to 20 students volunteer for the project. Each student will be developing and engaging their life story. We will use photographs taken during the project within the presentation to illustrate the key findings and areas for discussion.

EB1.4 PREMIER

Rehabilitation for people living with dementia: a practical workshop

Jackie Pool, Sunrise Senior Living

This practical workshop will demonstrate some of the Cognitive Rehabilitation approaches used in the Goal-oriented cognitive rehabilitation in early-stage dementia randomised controlled trial (GREAT) completed in December 2016. At 8 sites around the UK, 475 participants were randomised to Cognitive Rehabilitation (CR) or Treatment as Usual. For those in CR, a range of compensatory and restorative approaches were used to support participants to achieve their personal goals. Therapists worked with participants and family carers on a weekly basis for 10 weeks and a further 4 maintenance sessions were provided. The CR approaches used varied according to the goals of each participant. They were a combination of compensatory and restorative methods. The methods were also adapted according to which specific cognitive impairment(s) were causing the participant to have difficulty with their goal. The importance and process of Goal Setting and the need to identify the cognitive impairments that are undermining the individual’s ability will be discussed. The CR strategies for errorless learning and expanding rehearsal will be demonstrated and practised in this workshop.

EB1.5 CONDUIT

Chair: Hazel Heath, Two presentations: Impact of a simulated ‘dementia experience’ on care home staff

Dr Claire Rosyton, Gary Mitchell & Colin Sheeran, Four Seasons Health Care

Dementia can be considered as a stigmatising disease and in recent years there have been a range of empirical and anecdotal accounts of care practice which are task-oriented and serve to disempower people living with dementia. In response, there has been a focus on innovative approaches to dementia education which can illuminate how dementia impacts the person and can foster empathetic care practice for people who deliver care. The aim of this project was to develop a short interactive ‘dementia experience’ workshop for people who work in care homes. The ‘Dementia Experience’ was co-designed by people living with dementia, their family members and multidisciplinary health and social care specialists. This presentation will provide evidence from six focus groups (n=40) of care home colleagues who participated in a ‘dementia experience’ workshop in a care home in Northern Ireland. The data was audio-recorded, transcribed verbatim and thematically analysed using Braun and Clark (2006) framework. The main themes that emerged from this study related to the following five areas: working with the person and their values; the importance of engagement, the importance of setting and the importance of personalisation of care.

Simulation training to explore positive dementia care

Jennifer Casson, End of Life Partnership

Simulation training is gathering pace across health and social care as a method of experiential learning, deep-level learning (Kolb, 2005) with staff (Gaba, 2004). The Advanced Dementia Support Team is a non-clinical specialist team providing training, education and facilitation support to health and social care professionals across Cheshire. Their portfolio includes Simulation Training using actors to play the role of the person with dementia and carer. The training and debrief focuses on supporting staff to learn about the effects of dementia on the person, and to reflect on skills for their ‘tool bag’; knowing the person, understanding behaviour; observational skills, pain assessment, the use of ‘Teepa Snow’s Positive Approach to Care’, and validation techniques. Qualitative and quantitative data consistently showed at least a 1-point change on a 5-point Likert scale looking at perceived skill in knowledge, skills and confidence following training using simulated experiences. Staff comment echoed the literature that simulated training experiences offer a safe and supportive environment, for reflecting on good practice and for exploring practice that can be improved (McGaghie et al, 2014). Training through simulated experience fosters discussion among peers and encourages a culture of working together to resolve problems, looking to future potential scenarios with more confidence to address them differently. High-fidelity simulation can be time consuming to prepare and resource intensive to facilitate. However, barriers and obstacles were overcome by a combination of tenacity and flexibility.

EB1.6 ROYAL

Chair: Lynne Phair, Two presentations: This cannot be: dementia conversations continued

David Ollers, University of Manchester

Initiated as a reaction to carers’ frustrations with the services available to them and individuals with dementia, Dementia Conversations are sponsored by Dementia Pathfinder. The group which meets at Bowdon Vale includes carers, individuals with dementia and others. It is organised by a psychiatrist and a minister of the church. We seek to find a healthy and positive way of thinking and living with dementia and an honest best use of existing knowledge and resources. We are not content to wear rose-tinted spectacles proclaiming all is well in dementia. Looking for discussion on spreading this work.
Pioneering Community Chaplaincy in meeting spiritual needs in dementia

Julia Burton-Jones, Diocese of Rochester

We may not see ourselves as ‘religious’, but we are all spiritual beings, and having dementia does not take away this side to our nature. Spiritual issues may even become more pressing; what gives meaning in my life; what are my hopes, fears and worries, which relationships matter to me. Do we provide space and opportunity for people with dementia to talk about these important questions which can be closely linked to resilience? The spiritual tasks of ageing, described in the work of Elizabeth MacKinlay among others, matter greatly to people with dementia, but these deeper conversations can be truncated if time is short. The Church of England has a duty not only to regular churchgoers, but to every parishioner. This is currently known as the ‘cure of souls’ in ecclesiastical law. In the Diocese of Rochester, the responsibility for meeting spiritual needs in dementia has been expressed through a project funded from May 2015 by Henry Smith Charity to introduce Anna Chaplaincy. Working with partner organisations the Gift of Years at BRF, we have recruited eight Anna Chaplains and sixteen Anna Friends to provide spiritual accompaniment to people with dementia. They are grouped in four Anna Chaplaincy hubs: Medway, Rochester, Maidstone and Gravesham, Sevenoaks and Tunbridge Wells. Working closely with local organisations supporting people with dementia through Dementia Action Alliances and Dementia Friendly Kent, we are discovering the unique contribution faith communities can make to wellbeing in dementia. We hope to encourage holistic care planning, where spiritual needs assessment is integral to person centred approaches. Spiritual identity should be recognised in ways that go beyond the basics of ‘what religions are you?’ There can be a refreshing openness in dementia to exploring the deeper things in life. Let’s not miss opportunities to join in the conversation!

09.40-11.30 MAIN HALL PLENARY SESSION:

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

Keynote speakers:
- Three Nations Dementia Working Group
- People with dementia and carers from DEEP (Dementia Engagement and Empowerment) and TIDE (together in dementia every day)

1. Living well until the end: what can a palliative care approach offer people with dementia? Dr Liz Sampson, Reader in Old Age Psychiatry, University College London
2. Living well until the end: what can a palliative care approach offer people with dementia? Dr Liz Sampson, Reader in Old Age Psychiatry, University College London
3. Living well until the end: what can a palliative care approach offer people with dementia? Dr Liz Sampson, Reader in Old Age Psychiatry, University College London

11.30-12.00 REFLECTIONS & EXHIBITION VIEWING

12.00-13.10 PARALLEL SESSIONS 1:

Chair: Bridget Warn, CEO, UKHCA

1. Homecare: Lived experience PORTLAND

Lived experience: the experience of the individual, and loved ones, living at home

Pat Collard, carer

Research of current experience of homecare
Dominic Carter, Alzheimer’s Society

It is estimated that 60% of people receiving homecare services have some form of dementia. In many ways, homecare workers are expected to fulfil the role of a healthcare worker, but are not always provided the same level of training and support. An Alzheimer’s Society investigation found as many as one in three homecare workers could not recall having been provided with training in dementia, and the vast majority of family members of people with dementia told us they believed the care workers who visited needed further support. This session will explore some of the findings from this investigation, some of the barriers to training and the possible ways forward for commissioners and providers and for people with dementia too. Dementia is a complex condition that presents in a number of different ways and therefore affects people differently, requiring skill and understanding from homecare workers to help people and their families live well. Good dementia care is about the person’s choices for as long as they wish. In doing so we can help people to live well as full live as possible in their community, reduce unnecessary and costly admissions to hospitals and care homes, and create a culture and environment in homecare that shows dementia matters.

Creating a home care workforce to support people at home with dementia
Jaye Eason, UKHCA

85% of people with dementia want to stay in their own home and we know of the significant negative impact on their welfare risk when their environment is changed. Care at home is therefore of fundamental importance. The home care sector is often the first to provide a service for people who are showing signs of cognitive impairment, many of whom have not had a diagnosis of dementia. The sector has a vital role to play in helping people with dementia and their families. We wanted to find practical ways of supporting home care workers to help people with dementia live as full lives as possible in their community, reduce unnecessary and costly admissions to hospitals and care homes, and create a culture and environment in homecare that shows dementia matters.

1.2 End of life care ROYAL

Chair: Jean Tottie, Life Story Network

Living well to live well until you die

Using ‘Life Story’ and relational approaches we will explore what does it mean to live well for people with dementia, their family and friends as well as health care staff? We will be looking at the impact of the new End of Life Care Standards on people living with dementia and their families, and the role of the Life Story approach to support end of life care.

1.3 Living positively with dementia CONDUIT

Chairs: George Rook & Lucy Whitman

Why being ‘involved’ is my Sudoku

Wendy Mitchell, York Minds and Voices

I was lucky in so far as I did not have the loss of depression when diagnosed. The reason for this, I believe, and which prevented me from immediate decline, was finding ways to be involved. Once I’d travelled through the maze of facts and information, which not only would allow me to find out information but, I later discovered, would be a great way for professionals to hear the truth instead of purely theory. I seem to have found my niche. Initially it was through the Research Network of the key learning points, and I heard that it had been part of any research project in the beginning so the Research Network was my way into finding out what was out there. Little did I realise how much I would enjoy that involvement and how research would become a new passion in my new life. Involvement I now call my Sudoku. Some people do crosswords to keep their brains ticking. I’ve simply taken it a stage further and made involvement my new career in this that life has thrown at me. I’m here to speak about the different ways people with dementia are and can be involved.

‘With a little help from your friends’

Iain Mackie & Lucy McCormack, Dementia Voices Stockton

My project is a book, a tribute to those who fought for our country and allies in World War 2 by the hazardous operation of minesweeping. It is told through my poignant memories of my father CPO Jim Mackie RN who perished at sea with his ship in 1944. I am a former Gunner Warrant Officer and maths teacher. I currently live with my wife Mary and I am a father and grandfather. I was diagnosed in 2011 and initially was reluctant to acknowledge this and engage with support services. When diagnosed I had no lust for life and was simply blunted by the diagnosis. I feel that it is my book that helped me through and got me to come terms with the diagnosis and helped me to live well and support others. Initially I found inspiration to start writing war poetry this went on to develop into two books, which came from my personal experiences and research regarding my own life history. I now thrive in supporting others and ‘with a little help from friends’ I have achieved my goal and achieved something beyond the dark diagnosis of dementia, including a sense of self actualization. The book is also my legacy; something for my family and an achievement which has powered me through this journey so far. My story shows that by working together we can support each other to live well along the dementia journey and reach a personal goal. I also encourage services to unite social care and healthcare; working in collaboration can offer so much more (joined up thinking).

Dementia Diaries – My Diaries

Phil Hare, Innovations in Dementia, with Steve Clifford and Teresa Davies

Dementia Diaries was created to provide an opportunity for people living with dementia to record comments, observations, reflections on themes, thoughts, events and their lives. Personal, powerful, stories that are important to people living with dementia, through the use of audio diaries or blogs. It aims to provide a unique way of raising the profile and public understanding of dementia - challenging stigma and highlighting issues that are important to people living with the condition - using 3D printed mobile handsets, which are customised to be as simple as possible. A key objective of the project is to support people with dementia to remain active citizens and activists through enabling their voices and experiences to be heard via their diary entries. An evaluation of the project demonstrated that individuals involved reported very positive learning and social effects as a result of their participation in the book, including a sense of self actualization and increasing self-esteem. There is also strong evidence that shows the benefit of Dementia Diaries in fostering a sense of peer support, collective ownership and sense of sharing experience. Positive effects reached beyond individual diarists and there is some evidence to demonstrate that family relationships had been improved and strengthened as a consequence of Dementia Diaries through better understanding between individuals. The mechanisms by which these personal outcomes are achieved are enhanced significantly by the Dementia Diaries team who support and mentor diarists and their families with care compassion and support and increase the participation in art and music and other activities that are important to be offered and provided. Additionally, the project has reached beyond the individual and increased awareness of dementia at community level.

Audio diaries – enabling people living with dementia to share experiences and have an active social voice

James Woodall, Leeds Beckett University

Dementia Diaries (2015) is a UK wide programme that seeks to prioritise the voices and opinions of people living with dementia, through the use of audio diaries or blogs. It aims to provide a unique way of raising the profile and public understanding of dementia - challenging stigma and highlighting issues that are important to people living with the condition - using 3D printed mobile handsets, which are customised to be as simple as possible. A key objective of the project is to support people with dementia to remain active citizens and activists through enabling their voices and experiences to be heard via their diary entries. An evaluation of the project demonstrated that individuals involved reported very positive learning and social effects as a result of their participation in the book, including a sense of self actualization and increasing self-esteem. There is also strong evidence that shows the benefit of Dementia Diaries in fostering a sense of peer support, collective ownership and sense of sharing experience. Positive effects reached beyond individual diarists and there is some evidence to demonstrate that family relationships had been improved and strengthened as a consequence of Dementia Diaries through better understanding between individuals. The mechanisms by which these personal outcomes are achieved are enhanced significantly by the Dementia Diaries team who support and mentor diarists and their families with care compassion and support and increase the participation in art and music and other activities that are important to be offered and provided. Additionally, the project has reached beyond the individual and increased awareness of dementia at community level.

Doncaster, 7-9 November, 2017
The benefits of intergenerational relationships and creative activities for people living with advanced dementia in care homes

GILL ROBERTS, ALZHEIMER’S SOCIETY

This paper looks at benefits to wellbeing from creative intergenerational projects bringing people living with more advanced dementia together with school children. Small groups of 6-8 people were supported to create artwork and digi-collages in group sessions and then exchanged with a group of local school children (usually Year 5), who visited for joint creative sessions. Children and adults interacted in pairs and small groups, sharing stories, knowledge and experience. Staff were encouraged to take part for continuity and learning. Facilitators allowed space and time for themes and activities to unfold at an appropriate pace in project sessions, particularly when working with technology such as iPads. Successes included: powers of concentration, abilities and social skills observed that relatives or staff had thought lost, with positive impacts on communication and relationships. Teachers reported increased confidence and awareness of how to support managed change and engagement at a local community. Successes resulted when the interests and choices of people living with advanced dementia was followed - going at their pace and being in the moment. Sessions could encompass singing and stories as well as visual art. Good communications and prior exchange of pictures or collages with schools helped establish warm and positive relationships. Ensuring that children were well prepared for the needs of the residents prior to meeting them, and offering simple strategies for interaction was crucial. They often played a positive role in mediating the technology, helping to build positive relationships and support capacity in people living.

Active-Alliving residents with dementia (AARWd) is a national and innovative programme that, through creative and social activities, offers support and encouragement to anyone living with dementia and their families. As a project lead by the Albert Einstein Society, AARWd has been designed to meet the needs of people in care homes and their families. We have found that people with dementia and their families benefit from engagement in creative and social activities, which can help to reduce feelings of isolation and promote positive relationships. We have provided a range of support to care homes and their families, including training for staff members, the development of creative and social activities, and the provision of resources to help support people with dementia. Our work has been supported by funding from the Alzheimer’s Society and we have received positive feedback from care home staff and residents. We believe that our work has helped to improve the quality of life for people with dementia and their families, and we are committed to continuing our efforts to support people living with dementia.

Session information • Wednesday

1.4 Care homes & community links PREMIER

Chair: LYNNE PHAIR

The development of psychotropic medications and their use in care homes

GAVIN WATKINS, LIVING WITH DEMENTIA

An estimated 90,000 care home residents in Scotland experience stress and distress in dementia, often referred to as the non-cognitive behavioural and psychological symptoms presented in people with dementia. 90% of people with dementia experience these symptoms at some point. Psychotropic drugs are often inappropriately used to control these symptoms despite documented side effects of these drugs. The aim of this study is to explore the prescribing dynamics in care homes and assess the reasons for prescribing psychotropic drugs, in particular, the distress and agitation of and in response to people with advanced dementia. The study also aimed to identify the patterns of use of these drugs. The primary objectives are to explore staff awareness of distress and distress in dementia, their knowledge about the indications and side effects of psychotropic drugs. Secondary objective is to develop a staff training package. The research is mixed methods and post-test study. The study takes the form of a questionnaire survey of care home residents and staff to gather information about the use of psychotropic drugs. The survey was designed to assess the prevalence of psychotropic drugs in care homes and measured the knowledge and attitude of care staff and the effects of the intervention. The results of the study will help to inform future research and clinical practice in the care of people with advanced dementia.

1.6 Working in partnership OWNERS

Chair: ADELE DOHERTY, ALZHEIMER’S SOCIETY

Working together with people affected by dementia

JOY WATSON, LIVING WITH DEMENTIA

Developing a network of review groups for people with dementia

DEREK CLEGG, LIVING WITH DEMENTIA

Memories in motion - a peer support service for people living with dementia in Wales

Gavin Watkins, Living with dementia

Use of psychotropic and anti-psychotic drugs in care homes

Debajani Gangopadhyay, University of the West of Scotland

An estimated 90,000 care home residents in Scotland experience stress and distress in dementia, often referred to as the non-cognitive behavioural and psychological symptoms presented in people with dementia. 90% of people with dementia experience these symptoms at some point. Psychotropic drugs are often inappropriately used to control these symptoms despite documented side effects of these drugs. The aim of this study is to explore the prescribing dynamics in care homes and assess the reasons for prescribing psychotropic drugs, in particular, the distress and agitation of and in response to people with advanced dementia. The study also aimed to identify the patterns of use of these drugs. The primary objectives are to explore staff awareness of distress and distress in dementia, their knowledge about the indications and side effects of psychotropic drugs. Secondary objective is to develop a staff training package. The research is mixed methods and post-test study. The study takes the form of a questionnaire survey of care home residents and staff to gather information about the use of psychotropic drugs. The survey was designed to assess the prevalence of psychotropic drugs in care homes and measured the knowledge and attitude of care staff and the effects of the intervention. The results of the study will help to inform future research and clinical practice in the care of people with advanced dementia.
network, perhaps there is now time for a new Getting Along interdependence network.

highlight the increasing relevance and need for a Getting Along relationship-centred approach in the communities will be redundant without dementia supportive relationships. This presentation will concentrate on issues related to younger women.

women in their own homes. The ‘flying squads’ are made up of two or three women with a diagnosis of dementia who will pop in for a cuppa and a chat. Women with dementia from the group are empowered to give other women friendship and hope, directly from women who have walked in their shoes. We will also discuss the sustainability of this approach considering possible resistance in the dementia field to the idea of specific services or groups for women and how women’s groups and funders tend to concentrate on issues related to younger women.

Women supporting women

Emily Abbott, York Flavour

The JRF report ‘Dementia Through the Eyes of Women’ highlighted the need for women-only groups for women with dementia. With help from members of the group, we will describe how the ground-breaking York Flavour women with dementia group has offered a safe place for women to get together, discuss issues of importance to them and to have a laugh. We will also describe how women with dementia in a unique position to support and how the group empowers them to do so. The group has grown from strength to strength and membership has doubled since it was formed. However, women attending the group have highlighted how they felt isolated after the diagnosis and how they found it difficult to join a group. These women came up with the idea of ‘flying squads’ to seek out and support women, the increasing reliance on support and for a chat. Along relationship-centred approach in the current policy context. With the swelling DEEP network of dementia voices and the rising tide of carers network, perhaps there is now time for a new Getting Along interdependence network.

Getting along: Growing the appetite and building the evidence for a new approach to dementia care

Damian Murphy, Innovations in Dementia

Troubled by witnessing what I considered unnecessary tensions within relationships where one partner was living with dementia, I took steps to broach these tensions with couples. I soon realised these assignments, if left unattended would lead to shorter gaps between respite and subsequent crises. I found the prevailing stress and burden model of care implied blame on the individual with dementia. In dialogue with couples I discovered there was a real and constant threat to voice, choice control and wellbeing within relationships themselves. I often came across people questioning the validity of different members of an internal and external multi-disciplinary team to achieve well. True person-centred care involves a deep empathy and understanding of each unique situation that changes over the course of a person’s life, delivering agreed meaningful outcomes for the person with dementia, their family and friends. Quality of life comes in many different forms for many different circumstances and is reliant on excellent communication and the will to get it right. One size does not fit all in the world of care and support, but is always based on providing a service that fosters relationships and the collaboration of a trusted team that works together across boundaries. The team needs a shared commitment to the delivery of person-centred care from the perspective of the person. The variety of skills that are needed to be involved is enormous and therefore planning and communication are key for the right outcomes; but the people we must listen to the most, as head of the multi-disciplinary team, are the person with dementia and their loved ones.

Skilling carers in preventive care to improve outcomes for people with dementia with urinary tract infections

Zoe Ekin, The Good Care Group

Emergency admissions represent around 65% of hospital bed days in England. Avoiding emergency hospital admissions is a major concern for the National Health Service. We know that people with dementia do badly on NHS hospital wards; they are more likely to experience pain which is less likely to be assessed and managed effectively. They are more likely to die and are more likely to be discharged into residential care rather than go home. Through the provision of preventative care, it has been shown it is possible to improve health outcomes, and avoid unnecessary hospital admissions. We trained live-in carers in the prevention and identification of urinary tract infections, including equipping them with the skills and equipment required to perform urinalysis testing at home. This enabled carers to pass quality and accurate information to GPs in a timely manner, aiding better diagnosis and treatment at home. Our early results showed a marked decrease in admissions due to urinary tract infection for people with dementia. Enabling people with dementia to remain well in the comfort of their own home is not only beneficial to these individuals, but to the NHS as a whole. The social care workforce is well placed to deliver preventative care to individuals in their own homes.

Reimagining home care for people with dementia through self-managing ‘Wellbeing Teams’

HeLEN Sanderson, Wellbeing Teams

We know that there are significant problems in the home care sector, from the standard of care on offer given the tight resources, to the high rate of attrition of staff. Rather than simply tweaking the system, which we believe to be fundamentally broken, we have created a radical new model for home care, known as Wellbeing Teams. In this presentation we will talk about the way we work together to provide great support, and the way we are scaling up to deliver Wellbeing Teams at scale across the UK. We will explore the fundamental differences in Wellbeing Teams, including our self-management model, in which our Wellbeing Workers have no traditional management structure; and are therefore able to keep day-to-day decisions closer to the person they are supporting. We will also cover our value-based recruitment process, how we use person-centred thinking tools to embed personalisation and co-produce our support, and how we work with Community Circles to keep people connected to important people in their lives who need to be involved in the care.

The Tom Kitwood Memorial Address

Professor Murna Downs, Professor in Dementia Studies, University of Bradford

The UK population is ageing rapidly, with the number of people aged 65 and over growing by nearly half in the past 30 years. A person living longer is a cause for celebration, but older people are more vulnerable to mental health problems. For many getting older and retirement both involve a change in functional abilities, their activity levels and their lifestyle which can impact on a person’s mental health. In 2012 the number of people living with dementia was 800,000, and it is expected to rise to 1,000,000 by 2021. The cost to society is currently estimated to be £23 billion per year. This means that dementia poses a huge challenge in health and social care (NICE 2013). As a consequence, older adults mental health needs have become ever more stretched to capacity and end up focusing on their work on crisis management rather than proactive interventions to maintain wellbeing, however there is growing body of evidence to suggest that interventions focussed on empowering people to self-manage as used in many long-term conditions programmes can be beneficial and cost effective. Recovery Colleges have developed a range of courses that aim to support people to become experts in their own self-care and for families, friends, carers and staff to better understand mental health conditions and support people in their recovery journey, however in most areas older people and in particular people with dementia aren’t included in this. This project is exploring and researching the connections that can be made to demonstrate how GPs working in specialist services can join forces with recovery colleges to benefit older adults in Lincolnshire.

Dementia Law Clinic

KATHRYN PENRITH & MICHAEL MCLAUGHLIN, MAKING SPACE

The free Dementia Law Clinic is a 3-time award winning specialist service providing a 1-hour appointment system of Legal, Admiral Nurse and Well-being/Communication advice. Following winning the North-West Dementia Carers award in 2016, it went on to win two Student Pro Bono Awards in 2016 and 2017, and has received a written statement from the Attorney General commending its outstanding continued work. It has helped over 100 families so far, and has grown exponentially each year from its initial pilot phase. It supports students completing their Law degree, and is a part of the Social Enterprise offered only by Manchester University. Currently 87 students have attended dementia training from Making Space and have become Dementia Friends; they have also received training in the use of correct language, both spoken and written form, to support people living with dementia. The Dementia Law Clinic has trained Making Space staff supporting legal appointments from various locations using web-based technology; connecting people living with dementia and their family/carers, who may live in isolated or remote places to specialised services. These staff have received additional support in creating environments to enable families to cope with difficult and emotional storytelling. Dementia UK work in partnership to connect individuals requiring dementia specific related nursing requirements or information to their nearest Admiral Nurses. Manchester University, Manchester Legal Advice centre and Hugh Jones Solicitors work together to make sure the students work in helping the individuals unique cases are dealt with correctly and all information is approved by a qualified individual before being delivered to families.

Women supporting women

EMILY ABBOTT, YORK FLAVOUR

The JRF report ‘Dementia Through the Eyes of Women’ highlighted the need for women-only groups for women with dementia. With help from members of the group, we will describe how the ground-breaking York Flavour women with dementia group has offered a safe place for women to get together, discuss issues of importance to them and to have a laugh. We will also describe how women with dementia in a unique position to support and how the group empowers them to do so. The group has grown from strength to strength and membership has doubled since it was formed. However, women attending the group have highlighted how they felt isolated after the diagnosis and how they found it difficult to join a group. These women came up with the idea of ‘flying squads’ to seek out and support women, the increasing reliance on support and for a chat. Along relationship-centred approach in the current policy context. With the swelling DEEP network of dementia voices and the rising tide of carers network, perhaps there is now time for a new Getting Along interdependence network.

Getting along: Growing the appetite and building the evidence for a new approach to dementia care

Damian Murphy, Innovations in Dementia

Troubled by witnessing what I considered unnecessary tensions within relationships where one partner was living with dementia, I took steps to broach these tensions with couples. I soon realised these assignments, if left unattended would lead to shorter gaps between respite and subsequent crises. I found the prevailing stress and burden model of care implied blame on the individual with dementia. In dialogue with couples I discovered there was a real and constant threat to voice, choice control and wellbeing within relationships themselves. I often came across people questioning the validity of decades of marriage where they had not had the support to enable them to avoid falling into the many traps that dementia sets within relationships. Over years of engaging with and observing couples, the key issue of quality of relationship is ever present. People need support where they spend most of their time – which is NOT in our services! With calls for earlier diagnosis, ‘meaningful’ post diagnostic support and dementia friendly communities, the time for a new approach is now needed. Dementia supportive communities will be redundant without dementia supportive relationships. This presentation will reintroduce the relationship-centred Getting Along programme and focus on the growing impact amongst people with dementia and their supporters; and amongst key staff and organisations. It will highlight the increasing reliance on support and for a chat. Along relationship-centred approach in the current policy context. With the swelling DEEP network of dementia voices and the rising tide of carers network, perhaps there is now time for a new Getting Along interdependence network.
2.2 End of Life Care ROYAL
CHAIR: MARIE COOPER, HOSPICE UK
Dying & remembering well (to enable a good death)

Using a specially written case study an expert panel will explore what it means to die well and the impact this has on families. The panel will explore what it means to be ready for the end of life and the support that carers require in the early stages of the process. The panel members will share good practice that is already in place in their organisation and will discuss the potential of a new module in our current programme.

2.3 Responding to distress MAIN HALL
Responding to distressed behaviour. The challenge: making ABC charts as easy as...

DR AMANDA THOMPSELL, CONSULTANT OLDE AGE PSYCHIATRIST & DR HELEN LISTER, CLINICAL PSYCHOLOGIST, SOUTH LONDON & MAUDSLEY NHS TRUST

Antecedent, Behaviour, Consequences (ABC) Charts are the recommended assessment tool used to develop an understanding of a behaviour that challenges. There is extensive literature available explaining the tool and how to develop diacyclic charts, yet almost no guidance on how to support staff teams to consistently use accurately. How does one recognise the last day's actions? What makes this process a pathfinder? The research is highly contextualised and focused on the identification of health outcomes and clinical performance.

2.4 Post-diagnostic support CONDUIT
What should be provided for people with early stage dementia?

PROFESSOR CICIL MAIDLOW, ANA BARBOSA AND VALESLIDES STMAMOU, UNIVERSITY OF BRADFORD

This symposium will firstly briefly describe a small number of on-going research studies into psychosocial interventions for people recently diagnosed with dementia, in the earlier stages of the condition and living in the community. Our presentation will include illustrations of work with people over the age of 65 and also work with people where dementia is already a late stage of early onset dementia. The emerging findings from these studies will be used as a basis for discussion. Likely topics for discussion are: How to design interventions for people in the earlier stages of dementia. How do we know what people want and when? How can we meet the specific needs of individuals, e.g. those with early onset dementia; people living alone; those who may not have accepted the diagnosis? Is clinical practice ready to deliver such interventions for people with early stage dementia? What are the issues that need to be considered? How might this research help to address gaps in practice and improve the support/services being offered?

2.5 Carers and families LAZARUS
CHAIR: SIAN JONES
Update on the National Resource Centre for Carers of People with Dementia (NRCC)

CLAIRE GOODCHILD & HAZEL MAY, ROYAL SURGICAL AIDS SOCIETY
RSAS is creating new services to support dementia carers. RSAS are working to ensure that family dementia carers receive the level of recognition and support they deserve. At UK Dementia Congress 2016 RSAS outlined plans for the National Resource Centre for Carers of People with Dementia. A year on RSAS will update Congress on developments, including the unique dementia carers courses that are being piloted and the development of our first Dementia Carers Centre. RSAS will talk about the joint project funded by the Department of Health Prime Minister’s Challenge 2020 implementation plan, aimed successfully used with carers of people with psychosis. The research questions were: 1. What are carers’ experiences of and attending the programme? 2. What do carers do anything differently in their caregiving role as a result of attending the programme? 3. Do they feel there have been any benefits for the person with dementia they care for? 4. Does attending the programme have an impact on carer knowledge about dementia, stress and feelings of burden? 3. What were the training team’s experiences of programme delivery? A co-production approach with carers and former carers was utilised for programme design and delivery.

Mixed methods combining individual/small group interviews, questionnaires and standardised measures was used to evaluate experiences and outcomes. The co-production produced an eight-week programme of 2.5-hour sessions comprising of an educational and ‘looking after yourself’ topics. Educational topics included what is dementia, medication, the law, communication and activities. Looking after yourself topics included dementia and well-being, dementia and stress and dementia and sexual health. An activity group, run by Sporting Memories, for people with dementia was run alongside the programme, to support carers to attend if they were unable to access a replacement carer. Ten carers attended the programme. The presentation will discuss whether carers felt attending the programme was beneficial and if so why, training team experiences and suggestions for modifying the programme. Future plans for the programme will be outlined.

2.6 Design & public spaces PREMIER
CHAIR: DR NIORI GRAHAM
The dementia sensory palaces project: reflections on lessons learnt

PROFESSOR ANTHEA INNES, SALFORD UNIVERSITY AND JANA HARALGOVA, HISTORIC ROYAL PALACES
Promoting an inclusive approach for people with dementia in all areas of society is accepted as an ideal aim by everyone. This symposium will firstly briefly explain how dementia sensory palaces have been created and how they are tackling the challenges faced by people with dementia and their families. The dementia sensory palaces project, supported by Alzheimer’s Society and the National Trust, will provide an exemplar of an innovative approach to promoting access to national heritage sites, namely Hampton Court and New Palaces.

This paper provides an exemplar of an innovative approach to promoting access to national heritage sites, namely Hampton Court and New Palaces. ‘Two key questions guide the research: (1) What is the health and wellbeing impact of the Sensory Palaces programme on the participants? (2) What role does the heritage setting play in their experience and the wellbeing impact of the programme? This ongoing study, which commenced in April 2017 and findings from the work up until September 2017 will be presented. Our methods include interviews, observations and questionnaires. The presentation will discuss the experiences of those living with dementia attending the sessions and in particular the role of the ‘theatre’ setting. As data collection for this presentation will be the first time that we share the findings from the study with a UK audience. This dementia sensory programme at Historic Royal Palaces demonstrates that it is possible to be inclusive in environments that might be seen to be less accessible due to the age of the building and the nature of architectural design of the period. Our work demonstrates that participating in a programme designed to promote social, intellectual and sensory stimulation can positively influence people with dementia and their families. The dementia sensory palaces project can provide an inclusive approach to promoting access to heritage sites for people with dementia and their families who participate. We will share with delegates elements of the model of the programme that could be adapted by others to enable people with dementia to participate in heritage based activities and environments in other cultural and heritage areas.

Let’s talk about toilets: dementia inclusive design

PROFESSOR MARY MARSHALL, HAMMONDCARE
This paper will draw attention to the neglected issue of providing ‘accessible’ toilets for people with dementia. ‘Accessible’ in this instance means that they are easy to locate and easy to use for people with cognitive and perceptual problems, as well as other impairments in old age. We will illustrate with numerous examples of good and bad practice. Participants will be asked to share their own views and experiences with people with dementia, relatives and friends of people with dementia or as the general public. It is hoped that this will begin to open up this topic for a more robust discussion in order to influence providers.
Is this space dementia-inclusive? How to work alongside dementia influencing groups to assess inside & outside public spaces

Phil Hare, Innovations in Dementia

Steve Clifford and Eric Batten, EDUCATE

Access and welcome are key components of a dementia-inclusive community, as confirmed in much recent research including JRF, Alzheimer’s Society, Sterling DDSG and WHO. Aspects such as lighting, acoustics, signage and staff awareness all serve to include or exclude people with dementia from public spaces. In the UK, there are now over 85 influencing groups led by people with dementia and together forming the DFP network. It is increasingly common for these groups to be invited to comment on and influence the design of dementia-friendly theatres, cinemas etc in order to make them more dementia-inclusive. The project is a collaboration between three of these groups - SURF Liverpool, EDUCATE Stockport and Kent Forget me Not; renowned design experts Prof Mary Marshall and Annie Pollock (Dementia Centre HammondCare); and Phil Hare (Innovations in Dementia). It aims to assist such groups to use a more systematic approach in these visits, while enabling them to remain informal and to use their lived experience to inform the development of best practice guidelines for accessible and dementia-friendly environments.

2.7 Staff development OWNERS

Symposium: What Works? in dementia training and education

Findings from a national research study on effective training for the health and social care workforce

Professor Jan Overytne, Sarah Smith, Saudia Parveen (University of Bradford)

Improving the availability of training on dementia to the health and social care workforce has been a government priority since it was included in the National Dementia Strategy (2009). Since then there has been a focus on both the availability of dementia training and, more recently, on ensuring the quality of that training to support the delivery of high-quality care. The What Works? study was commissioned by the Department of Health Policy Research programme on behalf of Health Education England, in order to investigate the ingredients associated with effective or high-quality dementia education and training. This was undertaken through: 1) a review of existing literature, 2) a national audit on available training undertaken with care and training providers and commissioners, 3) surveys of staff who had undertaken training and their outputs, 4) two-day workshops for commissioners to implement training in practice, and 4) in-depth case studies across 12 health and social care organisations demonstrating hallmarks of good practice, in order to better understand the range of ingredients required to make training successful. This was underpinned by input from an expert-by-experience group who contributed to project design, conduct and outputs. This symposium will present the findings of each component of the study and discuss two case study examples of good practice, with care and training providers and commissioners, when considering purchase, development or review of future dementia training. There will be opportunity for discussion of the findings amongst attendees. Limitations include not all training packages were captured by the national audit and staff survey participants and case study site participation were invited from organisations responding to the initial audit about available training, therefore examples of good practice may have been missed. The observational design of the study limits generalisability of findings.

2.8 Workshop NIJINSKY

Chair: Professor Graham Stokes

The role of the body in dementia care

Luke Tanner, body psychotherapist and dementia care trainer and consultant, will lead a workshop on non-verbal communication and carers’ body language

As reliance upon concepts and language reduces with the onset of a cognitive impairment a carer’s body language will increasingly determine someone’s experience of their relationships as well as the wider caregiving environment. Most of this bodily based communication occurs outside of our conscious awareness. This interactive workshop will develop people’s awareness of this primitive form of communication and explore issues such as our own natural responses, both positive and those that may be detrimental, and consider the role it plays when caring for people with dementia. Through this workshop participants will gain a deeper understanding of the role the body plays in promoting secure attachment and alleviating stress and learn the non-verbal communication skills critical for connecting to people experiencing the later stages of a dementia.

16.20-16.50 EXHIBITIONS & EXHIBITION VIEWING

16.50-18.00 PARALLEL SESSIONS

3.1 Homecare: Supporting people through change PORTLAND

Chair: Bridget Warr

Diagnosing well - the role of homecare in diagnosis and supporting individuals and families (both during and after)

Rikki Lorenti, Admiral Nurse

Can we as professionals working within the homecare sector diagnose dementia? Domiciliary care under the current registration process would suggest not. But we have the opportunity as professionals to use the skills we have acquired to influence care, and provide robust signposting to our MDT colleagues within health and social care. Raising awareness of dementia has been the cornerstone of the Dementia Strategy and Challenge, and though diagnosis rates are improving the latest Quality Outcomes Framework report suggests potential gaps between those diagnosed and those that are not. We will briefly explore the data, the reasons why diagnosis rates vary and how and at SweetTree the role of Admiral Nursing is to raise awareness amongst families and care managers, and use the skill of signposting.

Connecting services: how can services holistically support the individual to stay at home

Adrian Barnes-White, Side by Side Coordinator, Wakefield and Five Towns

Working to the end: experiences of the homecare workforce providing care to people with dementia up to the end of life

Kritka Sami & Jill Manthorpe, King’s College London

Approximately 400,000 people with dementia in England receive homecare. Our qualitative empirical study conducted in 2016 aimed to explore the experiences of homecare workers providing end of life care. We recruited 12 homecare workers from four different areas. We included both registered and non-registered workers. Our findings reflect the complexity of work experienced by many workers. We identified two main themes: the ‘journey’ and the ‘diagnosis’ of the death. Workers reported a range of difficulties in providing appropriate care and support, including lack of training, long-term caring, the particular needs of people with dementia, and managing legacy and bereavement. These findings have particular implications for the education and training of homecare workers to ensure good end of life care for people with dementia in homecare.

3.2 End of life care ROYAL

Learning & working together well (to make a difference)

This session we provide examples of how care can be integrated across services and teams. What do we need to remember about care? What types of partnerships work best? How do we ensure good end of life care? This symposium will present the findings of each component of the study and discuss two case study examples of good practice, with care and training providers and commissioners, when considering purchase, development or review of future dementia training. There will be opportunity for discussion of the findings amongst attendees. Limitations include not all training packages were captured by the national audit and staff survey participants and case study site participation were invited from organisations responding to the initial audit about available training, therefore examples of good practice may have been missed. The observational design of the study limits generalisability of findings.

What works in the real world?

Sharon Blackburn, National Care Forum

Demystifying palliative care for care home colleagues

Gary Mitchell & Joanne Strain, Four Seasons Health Care

Palliative care is strongly advocated for all people living with advancing terminal illness. Within a care home setting, care should be provided until the machinery of life care. The DSWs strive to empower care home staff, people with dementia and their families and wider networks of support, to support and empower them to provide care to the levels they want to? Key learning point: How do we make a difference?

Care improvement and End of Life service in Walsall

Michael Hurt, NHS Walsall CCG & Helen Reeves, St Giles Hospice

An innovative end of life care service in Walsall initiated through collaboration with Pathways 4 Life (partnership between the Accord Group and Age UK Walsall) and St Giles Hospice. The care service consists of two community teams: Home-based Dementia Support Workers (DWSW) who work in care homes across Walsall in order to provide expertise, insight and knowledge to further improve dementia and end of life care. The DSWs strive to empower care home staff, people with dementia and their families through development sessions, support and guidance, along with a strong partnership working ethic. The DWSW use a range of evidence-based tools, including the ‘Namaste Care’ approach, to advance a model of care that is person-centred and holistic. The care home manager (s) and wider networks of support are called upon to use this knowledge and to support and empower them to provide care to the levels they want to.

Improving end of life care for people with advanced dementia: how a specialist team made an impact

Sian Harrison & Debbie Callow, End of Life Partnership

Dying with dementia can be complex, with challenges in prognostication, symptom management, communication.
family’s expectations and decision-making. Typically, in the last year of life people with dementia will experience deteriorations in their health and ability to function, but also sometimes improvements.

Professionals and family carers can be unaware that dementia is a terminal condition and lack the skills to adopt a palliative approach to care. In addition, health and social care systems are often not designed to support the needs of people with advanced dementia. In 2015 local hospices collaborated with a number of different stakeholders to create and fund a pilot team designed to meet the needs of the locality, and address the health inequalities that people with dementia experience at the end of their lives. This specialist multi-disciplinary team worked across health and social care delivering education, advice and supporting service development. During an 18-month period, the pilot team successfully demonstrated it met the needs of the local community, and to a sexual relationship. The Trust carers and families will enjoy greater confidence in using the software, and with the help of staff, will gain confidence in using the software, and with the help of staff, will gain confidence in using the software.

Research into the effectiveness of biographical reminiscence films in dementia (REBiND) – MyLife Films

People with dementia in care homes can suffer from both psychological and social problems (BPSD), which adversely affect their quality of life. NICER guidelines advocate the use of non-pharmacological intervention as the first step for managing BPSD. MyLife Films (MLF) uses a novel combination of five methodologies that have been shown to alleviate BPSD: personal memory technologies, digital memory intervention as the first step for managing BPSD. MyLife Films (MLF) uses a novel combination of five methodologies that have been shown to alleviate BPSD: personal memory technologies, digital memory technology, group therapy techniques, inclusive materials and music therapy. In the REBiND pilot study we set out to identify a methodology based on using a combination of qualitative and quantitative data, capturing outcomes in dementia care through observing resident’s response to MLF. We identified dementia residents in the intervention home with family in the control home. We ran baseline tests to measure quality of life, mood and cognition, behavioural symptoms and carer’s wellbeing at both homes. The homes produced films for residents and family and friends. The scores from the psychometric tests are compared between residents in the two homes to consider potential trends. We interviewed 11 residents in the interventional home and family members of residents in the control home. The film methodology informs us of the design of a larger scale study to generate statistically significant data.

The effectiveness of using Digital Reminiscence Therapy Software (DRTS) tool & technology in an acute hospital setting

Joanne Sims, Sheffield HSSC NHS Trust

ward G1 is an acute medical ward providing assessment and treatment for people who have dementia but also have significant and complex needs. The aim of the ward is to provide a safe environment for people to experience a dignified end of life. Patients with advanced dementia are admitted to G1. We were introduced to digital reminiscence therapy via ‘My improvement network’ and with end of year reviews, we purchased an in all one touch screen PC. Initially our Occupa- tional Therapist and assistants were trained in how to use the software which they then cascaded across our staff in order to embed the use of DRT in our everyday practice. To begin with, DRT was a novel way to access the internet, and we began to see the full potential of integrating it into our ward and its capacity to develop and promote group and themed activities. As staff witnessed the clear benefit and effect that DRT had on patients, they in turn began to express increased job satisfaction and felt encouraged in using it to deliver high quality person centred care. We have encountered some pitfalls along the way in trying to involve some staff who are reluctant to learn, shy away from technology or have no confidence in using it, but these barriers have been broken down. The benefits of using DRT in the activity setting have been clearer when they avoid using DRT, the team are able to identify some features of DRT that we have not yet had the time to explore, nor the IT skills to fully utilise. However, recently, we had a young volunteer who was IT proficient and who kindly demonstrated how to use the ‘My Life’ App. Our aim is to produce a ‘My Life’ booklet for every person admitted to G1 in order to enhance our person-centred care.

‘Daringly Able’ – participatory film & animation intervention

Zoe Flynn & Bob Chapman, Salmagundi Films

‘Daringly Able’ – a documentary film about life in a care home, interspersed with stop frame animations created by staff and residents which celebrate their expertise and interests. From opera singing salmon sandwiches, a simulated tennis ‘knock up’, an iPad life drawing master class and runaway tea trolleys. The film illustrates how we express ourselves through our skills, and how they are inherent to sense of self. Daringly Able reveals how creative activities can restore and maintain vital links and positively impact the mental health and wellbeing of care staff, residents and their families. Jewish Care commis- sioned the film project to ease the trauma of transition of Ella & Ridley, a much-loved care home, to a new site. The brief was to work in an immersive way to produce a film - a legacy that could travel with them to the new site. An important element of the project was staff training, which was open to all from hospitality staff, care staff, family members and managers. They learnt how to use drawing and stop frame animation apps on iPads to help facilitate the delivery of the project. ‘Daringly Able’ reveals the enhanced engagement and investment felt by staff as a result of the training. Choosing to work with residents whose familiar stories they were excited to ‘bring to life’. Staff are prominent in the film, proactively taking film making roles. The production process became a vehicle for them to demonstrate their own professional ‘skills’ and integrity. As filmmakers Salmagundi had the privilege of spending whole days in the care home. This acceptance into the ‘family’ allowed us to capture the essence of the home, and in particular the relationships between staff, family members and friendships between residents themselves. The film is both funny and inspiring.

Hospice enabled dementia care and community of practice

MARIE COOPER, Hospice UK

In 2017, the team won the Dementia Action Alliance Northern Lights Award ‘Dying Well’. The team has also won the Dementia Action Alliance ‘Dying Well’ Award for the ‘Dying Well’ film project. ‘Dying Well’ is a 20-minute film about the experiences of people with dementia and their families during the last year of life in the hospice setting. The film demonstrates how the hospice is able to provide a high quality of care and support for people with dementia and their families, and how the hospice can lead the way in providing quality care for people with dementia. The film has been widely distributed and has been shown to hospice staff, care staff, family members, and the general public. The film is available to watch on the Hospice’s website and on YouTube.

3.3 Care homes: NIJINSKY

Sex and the care home

Case study presented by Denise Booth and Mark Howard, Orders of St John Care Trust

Discussion chaired by Sally Knockier, Dementia Care Matters

Background: Apple trees is a care home in Grantham that cares for 64 older adults, 48 of these have a diagnosis of dementia. The care team is responsible for caring for a resident in a care home which has developed into a sexual relationship. Both residents are in their nineties and have vascular dementia. The relationship has caused mixed feelings and emotions with the respective families, some members of the care team and a visiting professional. Aims: The home aimed to support this couple to have the rela- tionship they desired, ensure they had a private and safe environment for them, due to fluctuating capacity they ensured they had the capacity to consent to a sexual relationship. The Trust’s and the Admiral Nurse worked closely with the home supporting the care team with all aspects of this relation- ship. A visiting health professional felt the relationship was inappropriate and should not be allowed to happen and stated “she wouldn’t want her Mum to be doing such things”. Methods: The care team followed the guidance set out in the OJCT and on intimate and sexual relationships. The capacity of the resident and the care team was confirmed and confirmed to the resident and the care team. Consent to contact was undertaken. To ensure they were acting in the couples best interests the home sought advice and guidance from both the local Safeguarding and DoLS services and received positive feedback from both. The families received support and advice from the Admiral Nurse, they found the situation difficult but accepted it. The visiting health professional sought to bring in a moral health nurse to undertake independent capacity assessment. Results: The relationship has since been ended by the gentleman, they still have some contact but no longer of a sexual nature, he chose to move into another household in the home. The lady’s cognitive functioning has deteriorated and she no longer has capacity to consent to a sexual relationship. Conclusion: This relationship may have ended, there is still some reflection and education required for the care team as a similar relationship may happen in the future.

3.4 Using technology & films PREMIER

Chair: Professor Bob Woods

AcTo Dementia: Working with developers to improve the accessibility of touchscreen apps for people living with dementia

PHIL JODRELL, University of Sheffield

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 but the use of digital technology is not an accessible ‘natural’ activity for people with dementia. The AcTo Dementia project is focussed on (1) identifying key features within touchscreen apps that increase their accessibil- ity 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 living with dementia; (4) creating an online 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.

3.5 Symposium: Dementia Friendly Communities OWNERS

Chair: Penny Redwood

DECIMAL: National evaluation of Dementia Friendly Communities (DFCs) in England

Nicole D’Arlo, Liverpool University of Hertfordshire

This presentation focuses on Phase 1 of the DECIMAL study. It will provide an overview and analysis of current Dementia Friendly Communities (DFCs) in England including details on the different types of communities, length of operation, size and region and how they are organised by location, organisation, experience and leadership. The team will also present a model of the DFCs to establish how DFCs have been implemented, their focus, approach, who is involved and evidence of benefit and for whom. This will demonstrate the range of achievement, populations reached and resources used to implement and sustain DFCs. The findings from this mapping of DFCs will directly inform the development of a dementia specific evaluation tool used in phases 2 and 3 to measure benefits accrued to people with dementia and also dementia-friendly communities. The team aims to explain the model of DFCs and how to sustain it, based on the lessons learned so far. The team will present the evaluation of DECIMAL and the study methodology informing us of the design of a larger scale study to generate statistically significant data.

Mapping the prevalence of dementia to the provision of Dementia Friendly Communities

MICHAEL WOODWARD, University of East Anglia

The Cognitive Function and Ageing Study (CFAS) has found dementia prevalence to vary between 3.3% and 8.4% among local authority areas, yet it is unclear whether DFC provision is consistent with dementia prevalence-based need in England. Part of Phase one of the DECIMAL project aimed to map the provision of DFCs with dementia prevalence. This will serve as the contextual backdrop for the evaluation of DFCs and provide a descriptive visual record of dementia prevalence and DFC location. A map outlining Clinical Commissioning Group (CCG) areas in England was produced. CFAS and QOF dementia prevalence data in quintiles was then mapped onto the CCG areas. DFC locations were then
3.6 Staff development in care homes

**MAIN HALL**

**Chair: Paul Edwards**

**Implementation & evaluation of innovative training for care staff to support people living with dementia to eat & drink well**

**Alice Murphy & Joanne Linsley, Bournemouth University**

Appropriate nutrition-related interventions for people living with dementia can interrupt the potential risk of weight loss, undernutrition and dehydration, the latter decreasing in cognitive function as well as alleviating the associated care burden. It is important that care staff receive evidence-based training to ensure that people living with dementia receive appropriate food and drink for person-centred dignity. We have developed and piloted nutrition training tools. Informed training tools (workbook and film) to improve nutritional care for people living with dementia in care homes (www.bournemouth.ac.uk/nutrition-dementia). Our presentation will present the findings of an evaluation of these training tools. The aim was to understand their application across a range of care settings (elderly residential, domiciliary care, NHS hospitals) and their alignment with evidence-based practice to provide nutrition training for care staff. From questionnaires and interviews collected from care staff, we have shown that this approach for training was well received and provided the opportunity to reflect on practice and increase knowledge by signposting to appropriate resources, tasks and case studies. The majority of staff reported positive approaches to change practice and make quality improvements in nutritional care. We discuss the challenges and impact of implementing nutrition-focused interventions for people living with dementia. From questionnaire and interviews collected from care staff, we have shown that this approach for training was well received and provided the opportunity to reflect on practice and increase knowledge by signposting to appropriate resources, tasks and case studies. The majority of staff reported positive approaches to change practice and make quality improvements in nutritional care. We discuss the challenges and impact of implementing nutrition-focused interventions for people living with dementia. From questionnaire and interviews collected from care staff, we have shown that this approach for training was well received and provided the opportunity to reflect on practice and increase knowledge by signposting to appropriate resources, tasks and case studies. The majority of staff reported positive approaches to change practice and make quality improvements in nutritional care. We discuss the challenges and impact of implementing nutrition-focused interventions for people living with dementia.
**EB2.1 NIJINSKY**  
**Age is not beige: a transformative arts collaboration**  
**Bo Chapman and Zoe Flynn, Salmagundi Films**  

Age is not Beige is a collaboration between Salmagundi films and Jewish Care - a transformative arts project which explores how enabling residents to influence the function, aesthetic and content of their communal environment might impact on their engagement and wellbeing. Through a series of researched and specially devised creative activities, a collabora -


tion of residents, staff, volunteers and relatives were engaged in the transformation of a dull 'laverden lounge', in need of refurbishment, into an active buzzing social space and games room. This was achieved through - discussion groups sharing ideas, creating 'mood boards', paint testing on the walls, interior design on iPads, the production of vibrant framed artwork and photographs for the room, selecting furnishings, choosing games equipment, curating a collection of personal objects for a cabinet museum and ultimately re-naming the room. Through evaluation that included Dementia Care Mapping, before and after the transformation, documentary footage, stills and interviews throughout the process, a significant change was revealed in the resident’s relationship with their living environment and each other. An empowered sense of ownership and belonging and heightened social interaction. With documentary film clips, stills and Q&A, Age is Beige will demonstrate how a progressive partnership can inspire participatory projects that respond to needs and produce tangible, sustainable outcomes. Salmagundi films founded by Bo Chapman and Zoe Flynn is a not for profit participatory arts organisation based in East London. They have been delivering Frames of Mind (FOM) creative digital projects and training across the community since 2004 using film, stop frame animation and digital arts as a therapeutic communication tool - to give people a voice and promote resilient communities.

**EB2.2 CONDUIT**  
**Chair: Lucy Whitman**

Two presentations: LGBT & Dementia: what do we know?  
Sarah Monks, Salford Royal Foundation Trust, Angela Shaw & Andrew Lloyd, University Hospital of South Manchester  

This presentation explores the unique impact dementia presents for people who identify as LGBT, their carers, family members and health care professionals. Experiences undoubtedly affect the lives, identities and personhood of LGBT people and form a significant part of their personal biographies.  

Whilst there are legal and ethical requirements for healthcare providers and staff to remain informed and able to meet the unique and personal needs of people who receive care, there remains a lack of training that focuses upon the challenges faced by people living with dementia within the LGBT community. The presenters developed and facilitated an event, first of its kind, to capture conversations and ideas for best practice developed by people with personal and professional experiences of these unique challenges. The outcomes of the event will be discussed and ideas for best practice will be shared.  

**Double dilemma? - ‘coming out’ about being LGBT and having a dementia**  
Sally Knocker, Rainbow Memory Cafe Coordinator & Dementia Care Matters  

A new monthly Rainbow Memory Cafe group for people living with dementia or caring for someone with dementia, who are also lesbian, gay, bi or trans (LGBT*) is being set up by Opening Doors London and Dementia Care Matters in partnership with Salford Council and Salford Royal Hospitals Trust, with funding from the Big Lottery Fund.  

**EB2.3 ROYAL**  
**Chair: Polly Kaisser**  

The Impact of dementia on migrant communities: A complex challenge in a globalised world  
David Truswell, SomeFremdThinking Consultancy  

While there is now worldwide recognition of the challenges that dementia brings to national health economies, less well understood is the impact of dementia as a health issue in migration. As migrant communities settle both lifetime health risks and the age structure of the population may place some migrant communities at greater risk of developing dementia such as Alzheimer’s disease and vascular dementia than the mainstream population. Delayed presentation for diagnosis, fear of discrimination and cultural stigma all increases the likelihood that individual cases will be complex in nature and that overall numbers will increase in those metropolitan areas across the globe that are often called ‘gateway cities’ for international migration.

**EB2.4 PORTLAND**  
**Chair: Rod Kersh**  

Creating a social movement for Delirium Awareness  
Dr Mani Krishnan & Dr Kim Barkas, Welsh PreventiveDelirium  

Delirium is highly prevalent in the acute hospital and community setting, up to 1 in 4 older people in acute care and 1% in care homes residents. Despite these rates 50% are under diagnosed. Frontline staff lack the confidence in recognising and managing the condition, this finding is not just a local issue but a national finding. The PreventDelirium skills training programme, within East London NHS trust, has trained over 600 people in North East England to Suspect, Spot and Stop Delirium. The project took off in 2016 and has been highly commended by the BMJ Education Awards in May this year. We continue to chip away at barriers in raising awareness of delirium and promoting education, however we recognise more needs to be done across the country. Health as a social movement, like Dementia Friends and Johns Campaign have given raise to more rights and better care. We are putting people living with dementia and their families. Digital technology allows for sharing of ideas, skills and advice. The power of people can influence health policy and research. The objectives of this session are to explore the challenges of improving delirium education, recognition and care, in turning creating a social movement for increased delirium awareness. To achieve these objectives we will be presenting the PreventDelirium research findings, and findings from the PreventDelirium skills training programme, before and after the transformation, documentary footage, stills and interviews throughout the process, a significant change was revealed in the resident’s relationship with their living environment and each other. An empowered sense of ownership and belonging and heightened social interaction. With documentary film clips, stills and Q&A, Age is Beige will demonstrate how a progressive partnership can inspire participatory projects that respond to needs and produce tangible, sustainable outcomes. Salmagundi films founded by Bo Chapman and Zoe Flynn is a not for profit participatory arts organisation based in East London. They have been delivering Frames of Mind (FOM) creative digital projects and training across the community since 2004 using film, stop frame animation and digital arts as a therapeutic communication tool - to give people a voice and promote resilient communities.

**EB2.5 OWNERS**  

Supporting care staff: applying the principles of person centred care to enable excellence in caregiving  
Claire Morris and Louisa White, Joyful Jams CIC  

Central to Personal Construct Psychology is the concept of people as personal scientists, testing out our own unique theories of events through our behaviour. When our predictions are validated, we develop our theory, expand our horizons and try out new things. When we are get things wrong, are challenged by events which do not work out as expected, we are invalidated. This may spur us on to change our theory, but also we may withdraw, or respond by in such a way as to hang on to the way we see the world. This process applies to everyday life, people living with the invalidation brought about by the symptoms of dementia, family carers and formal carers. Formal caregivers do a difficult job for minimum wages, often feel invalidated and undervalued, compromising the creativity required in delivering the goal of person centredness and excellence in care. This session will explore the nature of validation and invalidation for carers and activity organisers. Participants will be consulted about their thoughts, ideas and proposals for person centred way in providing care for people with dementia and will be invited to join the Dementia Practitioners Forum - an online resource for anyone living with and/or caring for people with a diagnosis of dementia, currently in development.

**EB2.6 LAZARUS**  

The Changing Face of Our Neighbourhoods: the making of a co-designed cultural heritage film  
Caroline Swarbrick, University of Manchester and Lesley Calvert, Open Door  

The Neighbourhoods and Dementia Study (funded by the ESRC/NHRI Dementia Initiative), comprises eight work programmes and is underpinned by re-positioning people living with dementia centrally to its research agenda. Work Programme 1 is referred to as ‘Member Involvement’ and works alongside people living with dementia as co-researchers to support the development, design and undertaking of a collaborative research project. From an academic standpoint, we applied the participatory approach of Co-operative Inquiry as a methodological approach to planning and implementing a research project. For the last 18 months, we have been working alongside Open Doors (a dementia support group based in Salford) on a biographical heritage project, exploring how film can be used to represent cultural, community and environmental changes across Salford through personal narrative. Co-researchers designed three short films around the themes of What Walks, Regent Road and regeneration. Co-researchers favoured a ‘question and answer’ format for the films, designing the questions and being actively involved in asking the questions during filming. During a visit to the local museum, co-researchers identified a wealth of archived materials, which have been used as a backdrop to the films. Twenty people were filmed, which took place over two days at a local community resource centre, producing over 10 hours of footage. Co-researchers also had the opportunity to be involved in all stages of the production and editing processes. Given our co-research inclusive and empowerment agenda, we also facilitated the involvement of people living with dementia who may not have capacity. Co-operative Inquiry as a methodological approach to this project enhanced and formalised the role of people living with dementia as co-researchers. This approach supports people living with dementia to define their own research priorities and facilitates the development, design and undertaking of a research project aligned to their interests.
Experiments of dementia in people with a learning disability: relationships, loss and resilience

Dan Herron, University of Keele

 Aim: In recent years, the life expectancy of people with a learning disability has sharply risen, leading to an increased presentation of dementia. Dementia has serious consequences for the individual and those around them. To truly understand and capture this holistically, it is important to explore the experiences of people with a learning disability and dementia, and family and paid carers. However, only a small body of research has explored the experiences of dementia from the perspective of people with a learning disability and carers (Lloyd, Kayal, & Gutheer, 2007, 2008, Watchman, 2016). This presentation introduces a PhD study which aimed to explore the experiences and journeys of people with a learning disability living with dementia; explore the experiences and journeys of family and paid carers; and to critically explore how dementia care pathways and the support systems in place influence their journey, experience of holistic care and support, and how this may be best utilised. The results and implications of this study will be discussed.

Method: Semi-structured interviews were conducted across four participant groups: people with a learning disability and dementia, family carers, paid carers, and healthcare professionals. At key stages of designing this research, opportunities were taken to collaborate with people with a learning disability, with experience of dementia, to ensure inclusivity. Data was analysed through Constructivist Grounded Theory. The results across all four participant groups will be discussed, alongside challenges of carrying out research with a hard to reach population. The impact dementia had on both people with a learning disability and carers will be illustrated. The impact that others had on experiences will be explored.

Conclusion: This study will contribute understanding of the experiences of dementia to a small field of research, and provide practical implications. Co-authors: Dr Helena Priest and Professor Sue Read

“She’s Still My Nan"

Jo Allmond and Jess Miles

It can be hard to understand the changes someone who has dementia might be experiencing. Physical changes can be easier to spot, but changes in preferences, interests and behaviour can be harder for those closest to the person to understand. Often, a person is no longer able to do the things they used to enjoy doing then it won’t just disrupt their life, but it will likely affect others too. This presentation will tell the story of two lifelong best friends, Alison and Rachel, and the impact that Alison’s diagnosis of dementia had on their friendship.

Experiences of dementia and care for people living with dementia: a holistic approach

Karen Harrison-Deming, DemenTUK

One of the central thrusts in end of life care policy and practice in dementia care is to avoid inappropriate and burdensome admissions to acute hospital care. There has been some improvement, this presentation will explore the role for advance care planning in dementia.

Update on the hospital charter

Kelly Kaye, Alzheimer’s Society

The emotional impact of dementia on two best friends

Nicky Payne and Rachel Silver, Maison

A diagnosis of dementia impacts not only the person involved, but their friends, family, flatmates, and lots of other relationships as well. This session will explore what being a friend of a person with dementia can be like. The emotional experience of changes can be easier to spot, but changes in preferences, interests and behaviour can be harder for those closest to the person to understand; if a person is no longer able to do the things they used to enjoy doing then it won’t just disrupt their life, but it will likely affect others too. This presentation will tell the story of two lifelong best friends, Alison and Rachel, and the impact that Alison’s diagnosis of dementia had on their friendship.

Experiences of dementia in people with a learning disability: relationships, loss and resilience

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“Shes’s Still My Nan”

Jo Allmond and Jess Miles

It can be hard to understand the changes someone who has dementia might be experiencing. Physical changes can be easier to spot, but changes in preferences, interests and behaviour can be harder for those closest to the person to both acknowledge and understand. Jess Miles and Jo Allmond are the co-authors of the latest book ‘She’s Still My Nan’. Their latest book, ‘She’s Still My Nan’, is about Jess the Goth Fairy’s Nan who has been diagnosed with dementia, which makes Jess sad. With the help of a friendly doctor, Doctor Paul, Jess begins to understand the changes she is seeing in her Nan and realises she is still the same on the inside. This presentation will look at the emotional impact of dementia on family and how it feels to care for someone who has been diagnosed. Jo and Jess will explore the topic through both poetry and real-life examples.
Supporting people in their own homes (Foundations)

FRANCIS PHILIPPA, FOUNDATIONS

Supporting people in their own homes is the national body for Home Improvement Agencies, responsible for ensuring that community housing services play their part in the integration of health and care and transforming the experience people have of the Disabled Facilities Grant (DFG) programme. The DFG programme, a trans-tested grant to install showers, stairlifts, ramps or to make other changes to the home to enable people to lead more independent lives. It is becoming increasingly important as the population ages and is key to maintaining dignity, improving safety and improving quality of life for both people in receipt of the grant and for their carers. It can be crucial in avoiding a move into care or in enabling someone to leave hospital. In the current spending round, the DFG has been increased from £200 billion to over £500 billion. Local authorities have traditionally delivered individual disabled facilities grants in response to physical and sensory impairments. As such, the DFG programme has largely ignored the challenge of dementia. Foundations will set out the broad policy challenges related to delivering retrofitting adaptations for people living with dementia and provide some examples where housing authorities and other agencies are addressing the challenge. The session will cover the roll-out of a pilot scheme across Worcestershire which integrates the early delivery of dementia-friendly design within the diagnostic pathway.

4.4 Young dementia LAZARUS

The Young Dementia Network: working together to improve everyday life for people with young onset dementia

DONNA CHADWICK, WENDY MITCHELL, DOMINIQUE KENT, JANET CARTER, VASILIEOS STAMOU AND PROFESSOR JAN OYEBODE, YOUNG DEMENTIA NETWORK

It is widely acknowledged that the experience of dementia is very different for people who are younger. Young onset dementia can be isolating and can impact on quality of life. Information is lacking, services are patchy and research is scant. The Young Dementia Network was set up in 2016. Its aim is to establish a community that includes people living with young onset dementia, family and friends, researchers and professionals to work together. Throughout working together, we aim to share experience, and influence policy, services and research in ways that improve life for people with young onset dementia. This workshop will be run by a collaborative group of 6, most of whom are members of the Young Dementia Network Steering Group. The aims are: (1) to raise awareness of the existence of the young dementia network and (2) to find out attendees’ views of young dementia, what they have developed so that people living with young onset dementia, supporters and professionals can access and assess the latest research evidence. Dominic Kent will speak about the purpose of the Awareness and Understanding Workstream and its work to develop a decision-making guide for GPs to use in reaching a diagnosis. Janet Carter will present the work of the Diagnostic and Post-Diagnostic Workstream including the development of a new Carpathway for Young onset dementia. We will give plenty of time to discussion of the possibility of what attendees would like to see from the Network and how attendees might be able to contribute to the Network. People living with young onset dementia, family, friends and professionals are all welcome.

4.5 Care homes: responding to stress and distress MAIN HALL

CHAIR: PROFESSOR ALISTAIR BURNS

The Impact of the Dementia Practice Development Coach Role and Implementing the FITS Into Practice model in residential care settings

ISABELLE LATHAM, UNIVERSITY OF WORCESTER & APRIL DOBSON, ABBEYFIELD SOCIETY

The Focused Intervention Training and Support Programme (FITS into Practice) is an evidence-based intervention that improves psycho-social care and reduces anti-psychotic prescribing for people living with dementia in care homes, (Brooker et al, 2015). Originally proven through RCT to significantly reduce the use of anti-psychotics and medications, the long-term outcomes of FITS into Practice and similar results could be achieved utilising an education/mentoring (Brooker et al, 2015) delivered to care home staff by ‘expert practitioners’ known as Dementia Practice Development Coaches (DPDCs). The Association for Dementia Studies subsequently developed a Level 7 university-accredited module to skill and support DPDCs. This module educated students to become a DPDC and apply the FITS into Practice approach across the care and housing organisations with which they worked. Students delivered at least one cohort of ‘FITS into Practice’ training/support as part of the module learning. This evaluation assessed the impact of the first run of the module (2016-2017) on the DPDCs in-training, their organisation and the care staff and residents with which they worked. Using questionnaire and interview data from across the live DPDCs in-training, 100 care staff have been trained and supported to implement FITS into Practice in their own care homes, covering a range of different types of care homes, organisations and geographical areas. Students report feeling confident in delivering the FITS into Practice approach, and experienced the benefit of the structured recruitment process to successful completion and implementation in care homes themselves. Throughout the programme, co-produced by DPDCs themselves, this presentation will demonstrate the impacts of the DPDC role on residents, staff and their care homes.

The ethics of restraint in care homes

JOANNE STRAIN & GARY MITCHELL, FOUR SEASONS HEALTH CARE

Broadly speaking, restraint is something that is unacceptable in healthcare. This is because, by its very nature, it deprivesthe patient of their liberty which is a fundamental human right. Furthermore there have been a range of media reports on the detrimental impact of restraint in healthcare settings. However, healthcare professionals must also be aware that sometimes, as a last resort, restraint practices may serve to protect some people living with dementia. The aim of this presentation is to critically examine existing literature on the use of restraint for people living with dementia in care home settings. The review considers the use of physical, psychological, mechanical, technological and chemical restraint. The literature will be framed with reference to human rights, bioethics and person-centred practice through case-studies. This presentation will provide the audience with three case-study accounts (based on the empirical literature). The case-studies will relate to chemical restraint, technological restraint and mechanical restraint. These cases will be analysed with reference to human rights, bioethics and person-centred practice framework. Importantly, all three cases will present delegates with an ethical dilemma that needs to be resolved with respect to the use of restraint for people living with dementia. An ethical reasoning process will be presented in the case studies. This will be illuminated by providing consideration to Four Seasons Health Care’s dementia care framework which provides a template when considering restraint for people living with dementia within care homes. Importantly restraint practices may be justified in some circumstances but the ultimate goal of the care for the person is putting a person at risk or others at risk. But restraining people living with dementia is usually something we should never do and certainly not without input from a multidisciplinary team of experts.

CLEAR dementia care training for carers: understanding behaviour

FRANCES DUFFY & MARC HARVEY, NORTHERN HEALTH AND SOCIAL CARE TRUST.

People with dementia living in care homes can present with behaviour that care staff find challenging and difficult to understand. This can sometimes cause the person’s life story to be lost and their behaviour can be defined by their diagnosis. Failure to understand the behaviour and address the unmet need can result in unnecessary breakdown in placement, unnecessary admission to hospital and increased distress for the person with dementia. The Dementia Home Support Team (DHST) has been successfully implementing CLEAR Dementia Care® (Duffy, 2016) in care homes across the Northern Health and Social Care Trust (NHSC) for 2 years. A CLEAR Dementia Care training programme was developed to help care staff to see the world from the perspective of the person with dementia. The training programme community, it can other ways and to increase the number of people with dementia using music mirrors by developing a ‘Train the Trainer’ programme for professionals, care home staff and volunteers across a wide range of health and social care settings, as well as in community groups. Qualitative feedback highlighted a need for more support in making a mirror using YouTube and difficulties in obtaining full life histories for people with dementia. The outcome is better care and enhanced quality of life for the person with dementia.

4.6 Arts and creative co-production

MUSIC MIRRORS

Music mirrors: spreading the concept across South London

AMY SIMPLE, HEALTH INNOVATION NETWORK & HEATHER EDWARDS, MUSIC MIRRORS

Music Mirrors is a life story resource to trigger autobiographical memory using sound or music. The concept was developed by ‘Come Singing’ a voluntary organisation and Norfolk and Suffolk NHS Foundation Trust. It is used by hospitals, care homes and third sector organisations as a reminiscence tool and contributes to advanced care planning. Health Innovation Network, the Academic Health Science Network for South London led a project to promote music mirrors across the South London. The training provided a community, it can other ways to increase the number of people with dementia using music mirrors by developing a ‘Train the Trainer’ programme for professionals, care home staff and volunteers across a variety of health, social care and community settings. Bespoke training was delivered to care homes, clinical commissioning groups, hospitals and community groups in their local setting as well as three open-training sessions for individuals with dementia and people with dementia. Evaluation of the programme as good or excellent and participants liked how ‘easy’ and ‘simple’ music mirrors is as a concept. A six month follow up found that Music Mirrors was being implemented across a range of health and social care settings, as well as in community groups. Qualitative feedback highlighted a need for more support in making a mirror using YouTube and difficulties in obtaining full life histories for people with dementia. The outcome is better care and enhanced quality of life for the person with dementia.

Creative co-production with people living with dementia: the process of co-creating a festival of theatre and dementia at West Yorkshire Playhouse

NICKY TAYLOR, WEST YORKSHIRE PLAYHOUSE & BOB FULCHER, FESTIVAL CURATOR

The Baring Foundation to explore new ways in which arts organisations can engage with older people and links to the lead presenter’s PhD research at Leeds Beckett University. Taking inspiration from co-production to plan and stage the festival. The process supports people with dementia to share stories about living with the condition, challenging stereotypes and reclaiming the narrative often dominated by carers, professionals and others not living with dementia. This festival aims to test the boundaries of making creative work about dementia, who gets to tell the stories and why. The curation process draws on the expertise of people with and without dementia to co-produce to plan and stage the festival. The process supports people with dementia to share stories about living with the condition, challenging stereotypes and reclaiming the narrative often dominated by carers, professionals and others not living with dementia. The festival will be held at West Yorkshire Playhouse, a leading dementia friendly theatre and home of dementia friendly performances in Spring 2018. It is funded by Arts Council England and The Baring Foundation to explore new ways in which arts organisations can engage with older people and links to the lead presenter’s PhD research at Leeds Beckett University. Taking inspiration from co-production to plan and stage the festival. The process supports people with dementia to share stories about living with the condition, challenging stereotypes and reclaiming the narrative often dominated by carers, professionals and others not living with dementia. The festival aims to test the boundaries of making creative work about dementia, who gets to tell the stories and why. The curation process draws on the expertise of people with and without dementia to co-produce to plan and stage the festival. The process supports people with dementia to share stories about living with the condition, challenging stereotypes and reclaiming the narrative often dominated by carers, professionals and others not living with dementia. This festival aims to test the boundaries of making creative work about dementia, who gets to tell the stories and why. The curation process draws on the expertise of people with and without dementia to co-produce to plan and stage the festival. The process supports people with dementia to share stories about living with the condition, challenging stereotypes and reclaiming the narrative often dominated by carers, professionals and others not living with dementia. The festival aims to test the boundaries of making creative work about dementia, who gets to tell the stories and why. The curation process draws on the expertise of people with and without dementia to co-produce to plan and stage the festival. The process supports people with dementia to share stories about living with the condition, challenging stereotypes and reclaiming the narrative often dominated by carers, professionals and others not living with dementia. This festival aims to test the boundaries of making creative work about dementia, who gets to tell the stories and why. The curation process draws on the expertise of people with and without dementia to co-produce to plan and stage the festival.
Participatory arts and dementia: professional development for arts practitioners

MARIA PARSONS, CREATIVE DEMENTIA ARTS NETWORK

Artists and others with an interest in developing knowledge and skills to enable them to work with people with dementia look in vain for accredited training or professional development. The shortfall is of serious concern given the exponential increase in the amount and range of projects and programmes that purposefully engage people with dementia in artistic activities. In 2016, Creative Dementia Arts Network developed and piloted FLOURISH, a 6-month mentored dementia training programme for arts practitioners in Oxfordshire. The programme used a blended learning approach that included taught sessions, collaborative peer learning and peer reflection together with guidance for supervising volunteers, learning on line and use of community units and resources. Eleven arts practitioners including visual artists, musicians, a creative writer and a dancer were recruited and all were allocated mentors who supported them as they applied their learning in practice at day centres, care homes, extra care housing and a museum where they led 8 one-hour arts sessions. A multi method mainly qualitative evaluation was carried out involving arts practitioners, mentors, and practitioners; including links with people with dementia, coordinators and care managers. Results have shown that FLOURISH enabled arts practitioners to develop foundation levels of knowledge, understanding and skills to communicate effectively with people with dementia, engage them in the arts and reflect on their practice. The course was deemed to be accessible for busy arts practitioners due to its format, length, and level of support offered for learners. The programme is now part of a countywide development scheme for arts practitioners wanting to work with people with dementia in Oxfordshire supported through partnerships between the arts, health, and care providers. FLOURISH will be further tested as it is rolled out nationally.

AbbeFied Making Music

APRIL DORSON, THE ABBEFIED SOCIETY

Musical memories are stored in areas of the brain that are among the last to be affected by dementia. Listening to personalised music enables the person with dementia to recall memories that may otherwise be lost, transporting them to the past and reconnecting the person to their identity and their history. In not for profit culture AbbeFied, a not-for-profit national charity providing care and housing for 7,800 older people in the UK, worked with Playlist for Life to evaluate a pilot project teaching care staff, volunteers, and families how to use personally meaningful music to enhance the quality of life of people living with dementia. Playlist for Life was founded in 2013 by the journalist Sally Magnusson who noticed how listening to personalised music greatly benefited her mother. The main aim of the participants was to develop a programme that could be introduced nationally across a wide range of care settings. The project was supported by funding from the People’s Postcode Trust. Anticipated outcomes of the project included: for people with dementia - increased communication and connection, elevated mood and decreased anxiety and agitation; for carers - reduced stress, anxiety and depression; and, for staff - deeper understanding of the person living with dementia. The presentation will include a short film that was made with residents, volunteers and supervisors at an AbbeFied care home who took part in the pilot. The film demonstrates how all of the project aims were achieved and shows how a simple intervention can bring joy in the moment as well as stimulating memories.

Human rights and dementia owners

CHAIR: ROD KERNS

A practical approach to human rights and dementia

SARAH BUTCHARD, MIRSEY CARE NHS FOUNDATION TRUST

There has been much discussion recently of the link between Human Rights and dementia. Specifically it has been recognised that living with dementia can result in your basic Human Rights being undermined, both intentionally and unintentionally. Much of what is written however is focused on policy development rather than practical application and there is a danger of ‘Rights and Dementia’ becoming a buzz word with a limited understanding of how it practically applies. Upholding the fundamental rights of people with dementia is not limited to legal rights but can be achieved through social policy and public awareness. A successful social policy will include the development of partnerships between the arts and the human rights sector so people living with dementia can enjoy quality of life and the right to be treated with dignity and respect. This presentation will discuss specific projects that can be used in practical ways and will include case studies of how the arts have led to positive and challenging outcomes for people living with dementia.

The UN Convention on the Rights of Persons with Disabilities: making sure its recommendations to the UK government are implemented

PETER MITTLER, UNIVERSITY OF MANCHESTER

Our right to get out and about: supporting people with dementia to use a rights-based approach to tackle barriers they face

PHILIP HARE, INNOVATIONS IN DEMENTIA AND ELAINE STEPHENSON, YORK MINDED VOICES

Many people with dementia seem reluctant to use the terminology of rights - or to frame their complaints or actions in this way. This project aimed to support dementia influencing/activism groups to use a rights-based approach in challenging the barriers they face in getting out and about in their communities. It is especially timely, given that in 2017 the UN Committee on the Rights of Persons with Disabilities has been shining its spotlight on the UK and on the projects that it is promoting. To date the project has run in collaboration with several Yorkshire DEEP groups (including York Minds & Voices, Bradford FIT and Scarborough DEEPVibe). It was supported by Innovations in Dementia (Philip Hare and Rachael Litherland), UpStream (Andy Hyde), York DAA, York Human Rights City Network, and British Transport Police (Fiona Andrew). The project kicked off with a day event in York. A range of co-production techniques was used to bring issues alive and frame a discussion about the challenges of getting out and about. Each group then selected one issue that they would like to change: the Blue Badge system (Scarborough), disabled access to trains (York) and bus timetables (Bradford). Each group was supported in trying practical approaches to making the change they wanted. Techniques such as photography, letter-writing, social media, petitions, diaries, film and audio were all available to help. Finally, the groups came together again to present their experiences and any impact. Although modest in scope, we hope that this project can inspire others to work alongside people with dementia using the principles of co-production. We believe that even small successes in bringing about practical change result in a cycle of empowerment and confidence that is very beneficial to those living with dementia - and to our wider society. Using simple and imaginative techniques can enable more people to be part of this change.

4.8 Workshop: Small dances

Diane Amans, INDEPENDENT DANCE ARTIST AND TRAINING CONSULTANT

This practical workshop will demonstrate creative ideas for leading dance on a one to one basis with individuals or with very small groups of people. The session will include mostly seated activities and will include ideas for engaging people who are in bed. During her many years leading dance activities in different dementia care settings Diane Amans has developed these ‘small dances’ which are ideal as an alternative to a larger group session. Diane’s approach is failure-free and mainly non-verbal. She invites people to join in dance activities by using encouraging gestures and facial expression together with simple and repetitive movements and grooves. Participants in this workshop 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, invoke emotions and imagination. 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 cues.

10.25-11.00 REFRESHMENTS & EXHIBITION VIEWING

11.00-11.50 PLENARY SESSION MAIN HALL

Chair: Dr Nori Graham

Update: medical and scientific advances in prevention and treatment of dementia

Professor Craig Ritchie, Centre for Clinical Brain Sciences, University of Edinburgh

SESSIONS RUNNING CONCURRENTLY (11.00-11.50):

ALT 1 Later stage dementia care

Chair: Polly Kaiser

From robot seals to fluffy stuffed toys: benefits and challenges

Clare Jespon, Sheffield Health and Social Care NHS FT and Bev Graham, Darnall Dementia Group

Robotic seals have been increasingly used with people with dementia in the UK over the past 10 years. The reported benefits of robotic seal activities make their use with people with dementia experiencing high levels of distress relevant. The aim of this interactive workshop is to engage the audience in seeing the Paro seal and other non-robotic seals in action and to stimulate discussion on their use with people with dementia. The workshop will offer a mix of: short verbal presentations; film clips; an interactive session where the presenters people with dementia and family carers and 2 members of the audience will engage with not only the official Paro seal but with other versions of interactive and soft toy seals; and an interactive question and answer session. We will share our learning from using the Paro seal on an acute assessment ward for people with dementia over the past 5 years. Such benefits include satiating the care giving need, generating positive reminiscence, enabling playfulness, encouraging humour, enhancing visits with family members, improving engagement with staff and other people with dementia, all important indicators of well-being. We will also explore the use of non-robotic or soft toy seals; we will address some of the challenges in using the seal, especially in acute hospital care environments. This workshop will offer the audience a unique opportunity to observe the use of robotic and soft toy seals with practitioners, people with dementia and carers. The audience can ask questions in a safe and supportive session of people who have used the seal over a number of months and years. The workshop will help people attending to consider the potential benefits and challenges in using the seal with people with dementia.

Positive explorations: exploring the use of the Fidget Widget Toolkit

Judith Bowyer & Carol Behabaa, Alzheimer’s Society

This workshop follows on from last year’s presentation which introduced this collaborative project, jointly funded by Alzheimer’s Society and the University of Central Lancashire. The workshop is an interactive session offering an opportunity for attendees to engage and explore the use of the fidget widget toolkit, see the findings of the project to date and find out what the next steps are. It is reported that people with dementia often experience periods of restlessness, with research (1997) suggesting that this may be due to unmet needs, however Cohen-Mansfield (2014) states the behaviour itself may be alleviating the need. The toolkit is an innovative intervention using wooden widgets which have been designed and developed to provide the potential to support communication, expression, creativity, occupation, comfort, identity, inclusion and attachment needs and preferences for individuals. The session includes videos of people with dementia using the tools, focusing on the research and discussion about the findings of the project to far and information about the next steps. The aims of the study are to enhance well-being for both people with dementia and their caregivers, who sometimes find fidgeting behaviours as challenging; to de-stigmatising fidgeting and provide a new opportunity for engagement and connection. The toolkit has been designed to provide meaningful activity with aesthetic, ergonomic and not childlike in appearance widgets which can stimulate single repetitive actions: push, pull, shake, slide, spin, turn, twist, flick, press, and click.

ALT 2 Workshop owners

Chair: Lucy Whitman

Reading groups for younger people with dementia

John Killcik, Writer, Dementia Positive

Persuading younger people with dementia to participate in social and creative activities poses particular problems. In the past John has experimented with poetry and drama groups. Recently he has been running a reading group, which seems to have achieved a breakthrough. He prepares a
series of short texts on a variety of subjects suggested by participants, which they read and discuss. The amount of enthusiasm generated has been remarkable. Members take the texts home for further consideration, and share them with friends and family. In the workshop John will discuss the aims of the activity before giving the participants the opportunity to sample the experience for themselves. A starter pack is provided for those who wish to try out the proposal.

12.00-13.10 PARALLEL SESSIONS 5: 5.1 Acute hospitals: RED BAG
CHAIR: ANDY TYSOE
Educaation does change the cultural climate in dementia care
RACHEL MORTIMER, ENGAGE AND CREATE
Education can change the cultural challenges posed to dementia care, if it is delivered in such a way that enables and empowers care staff and health professionals to walk in the shoes of a person with dementia, but also to be supported to openly and honestly what they find hard. The dementia education program delivered by Sussex Community NHS Foundation Trust and Engage and Create is the result of an NHS Trust and a social enterprise joining forces to improve the knowledge of NHS staff, and their confidence to be person centred - by really understanding what this means. As ever, the involvement of people living with dementia and carers in this program has been central to making a positive impact on staff accessing the program. The results of delivering this program to more than 700 trust staff will be presented in summary with analysis of the key themes. How this program evolved, and the themes identified by the staff working on the front line have been addressed, always with the understanding that people in mind in the planning. Patterns will be explored from a group of Health Care Assistants who took part in a 2½ day in-depth workshop will be explored. Cultural climate in health care settings remains a complex and sometimes contentious issue. What we can all do to play a part in making a positive culture will be shared. The role and impact of dementia education in changing cultures in dementia care will be presented.

Developing leadership for dementia care in the acute hospital setting
BUZ LOVEDAY, DEMENTIA TRAINERS & LYNDIA McNAB, BARTS HEALTH NHS TRUST
We will describe the development and outcomes of a bespoke training programme in dementia care leadership for Acute Hospital Staff at Queen Elizabeth Hospital (QEH) in London. The Dementia Core Skills Education and Training Framework (DCTF) 2015 describes three tiers of essential skills and knowledge necessary for the provision of good dementia care. Barts Health NHS Trust has an excellent track record in delivering Tier 1 and Tier 2 training on dementia and recognised the need to equip leaders to provide and promote good practice, to which end we set out to develop a Tier 3 training programme. We describe a development programme for developing a Dementia Leadership for staff of band 6 and above, including Matrons and Ward Managers. The aim of the course was to develop participants’ understanding and ownership of best practice in dementia care and focus on the practicability involved in leading and embedding it. The course content was devised around subjects that were most relevant to the Trust and the intended participants. In order to ground the course in real-life experiences, a number of assumptions, we included a person with dementia and a carer as speakers on the course. A primary intention of the course was to create practical results, so a key element was the facilitation of a project created and implemented by each participant, aiming to improve the experience of people with dementia using the hospital - for example through creating new systems to make processes more dementia-friendly, to implement changes in practice, to improve recognition and knowledge and delivering a more dementia-friendly environment. We built-in strategies for measuring the baseline and the outcomes and we will present some of the successes participants achieved and some of the barriers they encountered, together with key learning points.

Admiral Nursing in the acute care setting: improving end of life care through collaborative working
ANGELA MOORE, NORTH WEST ANGLIA NHS TRUST & KAREN HARRISON DENING, DEMENTIA UK
Dementia is a disease of old age and many people with a diagnosis of dementia will also have other illnesses or disabilities for which they may be admitted to an acute hospital. However, the lack of recognition of when a person with dementia is nearing the end of their life can pose challenges and may lead to a failure to provide good palliative care (Moore & Harrison Dening 2017). There is a need for effective communication with families who are affected by dementia, from the point of diagnosis through to end of life. Good communication with all parties involved, including discussions about prognosis and advance care planning, is essential to a shared palliative care approach that is what they wish, and how people can be supported through that decision.

My choice, my home
EMMA KILLCICK, MACINTYRE
Moira is 55 years old and lives with her Shared Lives carer, Tina, Tina’s husband Geoff and the dog. In 2014, Moira was diagnosed with early onset dementia. For the first 12-18 months, things continued as normal with small behavioural differences and minor accidents, but in the last 12 months, the dementia has progressed and more significant changes have been noticed in Moira. Moira has always been happy living with Tina; when the Shared Lives placement was first arranged Moira had said it was what she had always wanted. However, since the dementia has started progressing more rapidly, it has come into question whether Moira should continue to live with Tina, despite Moira’s wish to continue living in her home and despite Tina making necessary environmental changes. Together, Moira and Tina are fighting dementia and trying every day to remain positive and enjoy life to the full. This presentation will tell you about Moira and Tina’s journey, the obstacles they have faced so far and will discuss the element of choice that is often forgotten when it comes to deciding where someone with a learning disability and dementia should live.

Ageing at home with Down’s syndrome and dementia in small group supported accommodation
SAM QUINN, UNIVERSITY OF THE WEST OF SCOTLAND
Thanks to advancements in health and social care, people with Down’s syndrome are living longer. However, there is also a higher risk of early-onset dementia compared to the general population, typically in their early fifties. Over 20% of people with a learning disability in the UK live in supported group home settings. Many of these settings use an ‘ageing in place’ model of care. This model supports individuals to stay at home as they age and as needs develop, with adaptations, when necessary. However, there is a lack of evidence for the suitability of the ageing in place model for people with Down’s syndrome and dementia, despite an increasing number of services adopting this approach. The aim of this research was to investigate different perspectives (individuals with Down’s syndrome and dementia, staff, family and co-residents) of ageing in place with Down’s syndrome and dementia in a supported group home setting. The research consisted of an eight-month observation in a group home setting where staff provided 24 hour support to twelve individuals with learning disabilities. The researcher participated in and observed the everyday lives of residents and staff. The observation was accompanied by interviews with family members and a focus group with staff. This presentation will discuss key findings from the research and will cover; staff and family awareness of dementia in people with learning disabilities, the experience of co-residents living with a person who has a learning disability and dementia in a group home, the benefits of the ageing in place model in this setting, and the key factors which may enable individuals with Down’s syndrome and dementia to remain in a group home setting for as long as feasibly possible. The implications of the research will be discussed in terms of policy and practice.

5.2 Learning disabilities and dementia PORTLAND
CHAIRS: ROSIE JOSTRA & SARAH ORNSTEN
‘This is my home!’
Vanguard showed the Red Bag pathway improves the experience of residents when they need to go to hospital in emergency, enabling person-centred care and faster clinical decisions through better communication and documentation available to ambulance, hospital and care home staff. This has contributed to (on average) a 4-day reduction in length of stay for residents using the red bag pathway. The pathway is simple, cost effective and supports NICE guidance (GW27) and quality standard (QS136) Transition between inpatient health and community or care-home settings for adults with social care.

5.3 Quality in care homes CONDUIT
CHAIR: HAZEL HEATH
Developing a self-report outcome measure for people with dementia in care homes
PAUL EDWARDS & GREG SHAW, BUPA UK
Developing a method for people with dementia to self-report on their care is a challenge. Over the years many methods have been developed to try to understand the experience of the person with dementia in a care home. Very few methods have used self-reports. In 2016 in Bupa we set about to try to design, develop and test a dementia reported outcome measure. In this session we want to share the tool and the approach we took. A year on we want to demonstrate that it is possible to develop a meaningful, robust measure for people with dementia to report of their quality of life and in doing so demonstrating how care can be made even more relevant to individuals.
A study of handover at shift changeovers in care homes for people with dementia in England
Jo Moriarty, King’s College London

Handovers have been systematically studied in hospital and there is evidence that they are major contributing factors to medication/episodic errors, accidents, and poor patient-satisfaction. Extensive literature from nursing also highlights that they are well-established part of clinical practice. However, the extent to which these practices are transferred or replicated in care homes, or are being changed due to cost-cutting has not been addressed. Aims of this study was to investigate the content, purpose and effectiveness of the handover of information about older residents with dementia between different sets of home staff - those coming off duty and those coming on duty. We were particularly interested in observations about the key elements of a ‘successful’ handover. Methods: An exploratory, micro-ethnographic approach was used to study handovers at shift changeovers for people with dementia. Purposive sampling was used to recruit five care homes in England of different types (e.g. privately owned, voluntary/not for profit, member of a chain). Within each care home staff interviews and observations were conducted. Interviews were recorded (with consent), transcribed, and entered into Nvivo along with observational fieldnotes and analysed. The study was supported by the SChRU Service User and Carer Adviser Group and received KCL ethical approval. Findings: Handovers varied in homes in terms of frequency, duration, location, who handed over to who, who participated and content, but all styles were viewed as effective. Handovers were observed as being important for ensuring communication and continuity of care, and for maintaining resident safety. Care workers used handovers as serious meetings preparing them for going on duty and keeping residents safe. Managers and nurses reported also using handovers for additional purposes such as an opportunity for team-building, staff education and knowledge transfer.

How collective leadership helps to deliver ‘Outstanding’ care
Isaac Theophilos, Maplehurst Nursing Home

I work as a Care Manager for a nursing home which specialises in dementia care. We worked as a team to turn our home into a CQC rated ‘Outstanding’ care home. Yes, there were many factors which has contributed towards continuous improvement but my presentation is about how we developed the concept of collective leadership and how high quality of care. Collective leadership means everyone in the leadership skills to work for the success of the organisation. Kings Fund (2013) suggests the leadership development should focus on developing each staff to improve the organisation's performance as a whole. Collective leadership reflects a shift in the focus of leadership research, from understanding the actions and interactions of ‘leaders’ to understanding the emergent, informal, and dynamic “leadership” brought about by the collective effort of the collective self (Contractor et al., 2012). We encouraged our staff to identify and improve their leadership skills through different courses and in-house training. I also implemented systems in place for staff to utilise their independent thinking to bring in new ideas. Over the period of time this led to change in culture of the home, problem solving at the point of care, career motivation within staff, leading to increased job satisfaction. We implemented a peer support – staff motivated to take up courses for career development, increased staff retention, happy working environment, quick problem solving, positive culture on safety and above all high standard of personalised care at the point of delivery, for residents with dementia. With their new inspection scheme, CQC has rated out of 4000 inspected care homes, 3000 of them either rated as Inadequate or requiring improvement. This is a serious cause for concern for everyone, including care home managers and residents and their families. We identified the dementia champions and activity coordinators as key players in the delivery of high quality dementia care. We wanted to help empower them to change change and culture. In learning about, and aiding them to overcome these barriers, we hope to gain knowledge to inform wider system change through the EIChV Vanguard. Gatehead has an established dementia champions and activity coordinators forum which proved to better understand their barriers they face by informal discussions and an anonymous questionnaire. We also took to the champions the themes identified by those elsewhere in the system eg health professionals, family carers, social care, third sector and regulatory bodies. We then looked at how, together, we could impact upon the obstacles highlighted. Key issues raised were that homes will send staff for training, however the culture within that setting can inhibit the inclusion of the skills and ideas that they acquire. The champions are not high on the agenda of those elsewhere is the system either. It was agreed that the re-positioning of the champions as being intrinsic to an individual’s care needs to be sent from our position as healthcare professionals. Many felt that unless homes were contracted and inspected on specific aspects of dementia care then they would never be seen as important. We therefore put in place an additional project to examine the impact of effective training interventions with the dementia champions and activity coordinators as key players in the delivery of high quality dementia care.
would create a visual and practical tool, the ‘Care Culture Map’, showing the care practices, we observed along a care culture spectrum from task oriented settings through to those demonstrating relationship-centred care. This visually engaging and practical tool makes it possible to show where a care setting is in relation to Person and Relationship centered care and to identify what may be holding a home back on greater engagement with the outdoors. The Handbook that accompanies the Map explores a number of key themes that care settings need to overcome on their culture change journey including: Health & Safety, Open Door Policy and Activity is Everyone’s Job.

My Nature: a training toolkit enhancing residential living

WENDY BROWN, SENSORY TRUST & SENSE ORRE, UNIVERSITY OF EXETER

Sensory Trust is a leading organisation in the use of nature-based approaches and inclusive design of outdoor spaces to support the health and wellbeing of communities. Researchers from the University of Exeter and the University of Exeter Medical School are experts in qualitative research methods focusing on environment and community health. Together with people living with dementia, their families and care home staff they are developing an evidence based toolkit. Based on the development of creative nature-based approaches combined with research findings on how older people connect with nature, the My Nature toolkit will support carers to develop the skills and confidence to enhance the quality of life for their residents by increasing access to nature and to the outdoors. This presentation will highlight the research findings behind the toolkit and the engagement of residents, their families, care workers and owners/managers of care homes. Engagement techniques range from basic engagement activities to the use of accessible engagement techniques to support the full involvement of residents and people living with dementia in particular.

5.7 Early Support MAIN HALL

Chair: JEREMY ISSACS

The implementation and evaluation of the Meeting Centre Support Programme in the UK, Italy and Poland

Dawn Broker & Shirley Evans, University of Nottingham and WARRENDYCE

The Meeting Centre Support Programme (MCSP) developed in the Netherlands demonstrating benefits for people with dementia and their family carers. MEETINGME is a JPD funded project (2014-2017) that took the learning from the Dutch experience to assess whether MCSP would work in Italy, Poland and the UK, and whether comparable benefits would be achieved. 13 MC’s were successfully implemented (Italy, Poland, UK). The model and features of MCSP were well adopted in all countries. Interviews were held with stakeholders to trace facilitators and barriers of implementation. User satisfaction evaluation utilising interviews and focus groups were conducted. The effectiveness of MC was compared to usual care (UC) and was evaluated in 7 months pre/post controlled trial. Families and persons were highly satisfied with high attendance levels. Prepost data was completed from families with 19 families showing high attendance rates. For people/caregivers in UC, MC participants showed significant positive effects for self-esteem, positive affect and feelings of belonging. Significant differences were not seen for depression or social inclusion although depression decreased over time in the MC group and increased in UC. The number and severity of distress behaviours was significantly higher for the MC group at baseline compared to UC whereas by follow-up the distress behaviours had decreased in the MC group but increased in UC. MC attendance was associated with reduced loneliness. MC attendance was more costly than UC but UC costs for people living at home at this stage were small. The implementation of MCSP in other countries is feasible and was highly rated by local communities and people living with dementia and their families. People living with dementia and their carers in UK’s MC’s showed significant health and wellbeing benefits compared to those receiving UC in their respective countries. This builds on the evidence of effectiveness of the Dutch research.

Goal-oriented Cognitive Rehabilitation in early stage dementia: the GREAT trial

ALEXANDRA KUDLICKA, UNIVERSITY OF EXETER & JACKIE POOL, SUNRISE SENIOR LIVING

People with dementia have the right to specialist support in order to maintain as good quality of life as possible. Cognitive rehabilitation is a person-centred intervention focusing strategically on the priorities set by each individual and accounting for person’s unique set of strengths, motivations and needs. Using a problem-solving approach, realistic, personally-meaningful therapy goals are agreed in collaboration with the therapist and a plan is developed to support goal attainment using evidence-based rehabilitation strategies, with carers involved where possible. Feasibility studies and a pilot randomised control trial provided initial evidence that cognitive rehabilitation can be helpful in dementia. The GREAT trial was developed to provide definitive evidence about whether goal-oriented cognitive rehabilitation is a clinically-effective and cost-effective intervention for people with early stage Alzheimer’s disease, vascular or mixed dementia, and for their carers. Participants were in the early stages of dementia and all had a family carer willing to contribute. They all identified therapy goals and rated the current level of attainment in relation to these goals, and then they were randomised to either continue with their usual treatment or to receive 14 home-delivered therapy sessions of cognitive rehabilitation. Only 84% of people who initially had been assessed as lacking capacity in the clinical trial were duly able to demonstrate that they did have capacity when assessed in their own homes. We were able to develop more personalised care plans and develop improved communication with family members regarding what the patient could expect during their hospital visit.

Breaking new ground in Japan: community support for families living with dementia

PAUL SCHMIEZER, EUROPEAN REMINISCENCE NETWORK

Japan has the biggest proportion of older people in their population and the largest number of people with dementia. The Japanese have been aware over many years that this balance requires new and imaginative responses: that it must be recognized as a challenge and not a threat. I have been awarded a Winston Churchill Travelling Fellowship to visit day centres, homes and community arts initiatives in Japan and report back on what I have seen. In my presentation, I shall share what I have discovered through observation, interviews and visual records and draw out some conclusions which will be relevant to us in the UK as we develop our own strategies. The emphasis will be on community initiatives and will include the use of reminiscence, traditional crafts, the arts, communal living arrangements and shared domestic tasks. I hope there will also be some examples of use of robots in elder care which should generate some lively discussion.

5.8 Workshop NIJINSKY

How to have fun – an interactive workshop on making the most of technology for one to one and group activities

ARLENE ASTELL, UNIVERSITY OF TORONTO, UNIVERSITY OF READING / BERNHSHEIRE HEALTHCARE NHS FT, PHIL JOODRELL & SARAH SMITH, UNIVERSITY OF SHEFFIELD

A wide range of fun and engaging pastimes and activities are available on existing technologies such as tablets, smartphones and games systems. People with dementia can enjoy these as much as anyone else if they are introduced and supported in appropriate ways. This workshop will introduce participants to the findings from our research over the past seven years into how people with dementia can benefit from these technologies. We have conducted studies with people living at home, in day programmes and in long-term care looking at both one-to-one and group activities. Our research spans uses of touchscreen devices such technologies, e.g. iPad, and motion-based systems such as the X-box.

13.10-14.00 LUNCH, POSTER & EXHIBITION VIEWING

14.10-15.00 PARALLEL SESSIONS 6:

6.1 Acute hospitals ROYAL

Chair: RACHEL THOMPSON, DEMENTIA UK

Good ideas workshop with expert panel: VICKI LEAHAN, UNIVERSITY COLLEGE LONDON HOSPITAL, JO JAMES, IMPERIAL, SARAH WALLER, UNIVERSITY OF WORCESTER AND DAWNE GARRETT, ROYAL COLLEGE OF NURSING

A moment in time: reflections on a DCM service evaluation measuring impact of an acute inpatient dementia support worker service

LIZ YAXLEY, NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST AND SARAH HOUSDEN, UNIVERSITY OF EAST ANGLIA

The Norfolk and Norwich University Hospital hospital is developing the use of Dementia Support Workers for over three years, with the aim of enhancing the wellbeing of people living with dementia during their inpatient stay. Despite substantial anecdotal evidence of the benefits of this service, no formal observation or measurement had been used to determine the impact of the DSWs until 2016/17, when the findings of a Dementia Care Mapping evaluation were combined with surveys aimed at staff and visitors. Together, they provide a well-rounded picture of the interventions provided by Dementia Support Workers and the impact of these on patient wellbeing. This presentation outlines the difference DSWs make to the wellbeing of patients living with dementia in an acute hospital setting. A critical analysis of DCM as an evaluation tool in this setting will be provided, alongside more in-depth case study analysis which uses a social constructionist approach to explore and reflect upon the DCM evaluation and feedback from survey findings. Findings suggest that the Dementia Support Workers at Norfolk and Norwich University Hospital provide a service which contributes to the wellbeing not only of individuals, but also of other patients, whilst role modelling best practice development for other staff, and contributing to a relaxed and positive atmosphere on the ward. Concluding that this is a service which could usefully be developed in its use both at NHFT, and in other similar acute care settings, this presentation will, at the same time, outline the strengths, opportunities and limitations of this approach of service evaluation.

Mental capacity and consent to treatment in patients with vascular dementia: a comparison of capacity assessments made in an acute setting vs. those made in the patient’s home

JOANNE SHAW, LIVERPOOL HEART AND CHEST HOSPITAL

Our study aimed to find out whether patients were more likely to demonstrate that they had the mental capacity to consent to major surgery when assessments were conducted in their home rather than at the hospital. When dementia patients present at clinic, their families often express concern that they are acting out of character, or are negatively affected by the unfamiliar environment and the unfamiliar people. Our study assessed 85% of patients, and among the 47% who initially had been assessed as lacking capacity in the clinical trial were duly able to demonstrate that they did have capacity when assessed in their own homes. We were able to develop more personalised care plans and develop improved communication with family members regarding what the patient could expect during their hospital visit.

Hospital to home Namaste care for patients with dementia

LOURDES COLCLough, ST JOSPEH’S HOSPICE & EVA ROWE, NEWHAM UNIVERSITY HOSPITAL

This is a volunteer led partnership project between St Joseph’s Hospice and Newham University Hospital, Barts Health and funded by City Bridge Trust. This is the first Hospital to Home project in the UK where patients diagnosed with dementia in hospital receive Namaste Care on the ward and then at home in the community for up to ten weeks. A service evaluation was conducted interviewing five people including, a carer and volunteer. These interviews provided qualitative data for analysis. One hundred Quality of Life in Alzheimer’s disease questionnaires were completed on the ward before a Namaste session and 45 attempted after a Namaste session. Challenges included finding a feasible Quality of Life evaluation tool for a busy and chaotic acute ward, which also embraces holistic care offered by volunteers.
Getting a timely diagnosis of dementia is crucial if we are to ensure a timely diagnosis and person-centred support. People with learning disabilities are more likely to be supported by policies that promote greater inclusion, equity and empowerment and protects their rights. Prevention is key in building the environment that will focus on delivering a timely diagnosis. This presentation will consider the many barriers that exist in the offer of good support. It will be interactive and support participants to explore how prevention can build a new way of looking at how we ensure timely diagnosis.

6.3 Question Time Panel CONDUIT
Chair: Graham Stokes
A chance to have your say, seek opinions and learn from expert discussion on pressing issues in dementia care.
Panel including Professor Alistair Burns, University of Manchester, Professor Dawn Brooker, University of Worcester, Peter Mittler, University of Manchester & David Sheard, Dementia Care Matters

6.4 Workshop NIJINSKY
Conversations with Frontotemporal Dementia – Symptoms, Information and Peer Support
Reinhard Guss, British Psychological Society; Christopher Ryan; and, Kent Forget-McNots & Chris Norris, Kent Dementia Service User Envoy
While FTD is one of the rarer dementias, it is more prevalent amongst younger people, and will be diagnosed repeatedly in every memory clinic. FTD is being diagnosed earlier now than even a decade ago, and increasing numbers of people are in need of information and support for living as well as possible. Due to the diversity of FTD symptoms that people experience, needs are different from the majority of people with dementia. Specific information is often unavailable in programmes geared to the majority needs, and textbook information when accessed makes frightening and demoralising reading for people affected, and engenders prejudices in health professionals. In this workshop we aim to present a user-friendly, user-centred course of conversations between a Clinical Psychologist and two people with FTD in the form of a conversation, and open to questions from participants. The collaboration presented here has produced a series of more constructive examples, with the benefit of a five-year period post diagnosis. For the psychologist/professionals this has been a unique learning experience that has greatly enhanced clinical practice, and for Chris N and Chris R the peer support gained from conversations has been particularly valuable.

6.5 Care homes PREMIER
Chair: Lynne Phair
REPLACING DoLS – UPDATE on the Law Commission’s proposals and discussion on the implications for practice, with David Jolley, University of Manchester and Tim Spencer-Lane, Law Commission
The deprivation of Liberty safeguards (DoLs) were added to the Mental Capacity Act and Mental Health Act in 2005 and implemented in 2007. Their aim is to bring English and Welsh law to comply with the requirements of Article 5 of the European Convention on Human Rights (the Human Rights Act). When introduced it was anticipated that DoLs would apply to few patients in hospital and care homes each year but by 2012-2013 applications were 11,887, and by 2013-2014 there were 12,875. A ruling by the Supreme Court, ‘Cheshire West’, 2014 led to an explosion of applications to 195,840 in 2015-2016. Local Authorities have been overwhelmed by the administration and costs. Families, individuals and care professionals are confused and distressed. The Law Commission has worked since 2014 to find a better way of complying with Article 5 ECHR, and Article 8 which relates to the right to private and family life. The Commission consulted widely. It published its report ‘Mental Capacity and Deprivation of Liberty’ Law Comm No 312 March 12th 2017. This session is led by David Jolley who has led concerns about the unplanned consequence of DoLs and Cheshire West. Tim Spencer-Lane, the main author of the final report, will present its key themes and suggestions. We look for informed discussion and support for moving these ideas into legislation. Every day of the status quo leaves people distressed and resources wasted

6.6 Open space for carers LAZARUS
Chair: Anna Gaughran
A chance for carers to gather to focus on our own feelings, thoughts and experiences of the congress

6.7 Workshop OWNERS
Supporting sports-based reminiscence through technology – the Sporting Memories App
Tony James Allen, Sporting Memories Network & Alys Griffiths, Leeds Beckett University
Workshop for care workers and family carers on individual or group sports-based reminiscence activity in any setting, including care homes and day care. The Sporting Memories Foundation is a charitable organisation that promotes reminiscence and physical activities based around sporting events and individuals’ memories. The Sporting Memories App has been found to improve well-being and cognitive functioning in people living with dementia, promoting a sense of personal identity and well-being. The Foundation runs free community-based, volunteer-led weekly groups for older people, improving well-being through reminiscence and engagement in physical activity. Recently, an electronic app has been developed to support individuals conducting one-to-one reminiscence sessions in any setting, including peoples’ own homes, sheltered housing, care homes and hospitals. The workshop will introduce the free Sporting Memories app, which can be used by people living with dementia, family carers and health and social care professionals working across a variety of settings, to facilitate individual/group reminiscence. It will also share the findings from an evaluation of the Sporting Memories App when used in one-to-one reminiscence sessions with older people with depression or dementia. The workshop will introduce participants to undertaking group and one-to-one sports-based reminiscence using the app. Participants will then be asked to share their favourite sporting memory to promote discussion about both positive and negative memories of sport. Any individuals who wish to do so will be able to have their favourite sporting memory recorded to be uploaded to the app. Participants will then be invited to engage in small group reminiscence activities using the app, and will use paper based resources that are available through the Sporting Memories network. Participants will be asked to reflect on the reminiscence sessions that they engaged in during the workshop. This feedback will be used for further development of the app, ensuring that those who will use the app in the future consider it to be appropriate.

15.10-16.20 PARALLEL SESSIONS 7:
7.1 Acute hospitals ROYAL
Providing positive inpatient experiences
Chair: Lucy Cogswode
Seeing the person behind the condition: person-centred practice on a dementia hospital ward
Helena Sanderson, Wellbeing Teams and Rod Kersh, Doncaster and Basellaw NHS Trust
Alzheimer’s Society research has shown significant challenges faced by people living with dementia in hospitals, from high levels of anxiety and upset, to low levels of dignity and understanding from staff. In this presentation, we will talk about how Mallard Ward - a specialist ward for people with dementia in Doncaster - used person-centred practices to change the way they work day-to-day, better understanding each patient and enabling them to respond to their individual needs. We will talk about our use of one-page profiles and our new, bespoke version of ‘This is me’, both documents which we use to understand the person’s present and past. We will talk about the effect that this has had on the patient experience, and how our staff feel that it has strengthened their relationships with the people they care for. We will also look at our use of one-page profiles and mini profiles for staff. These have been used for two purposes. Firstly, they enable patients to see our team as individuals and to learn about who is caring for them, knowing that they are a real person and not just a doctor or nurse. Secondly, they have provided rich information for the team to get to know each other better, leading to a tighter-knit culture and enabling us to support each other better.

Promoting the emotional well-being of patients with a dementia within the Emergency Department – an evaluated pilot project
Janine Valentine, Yeovil District Hospital NHS FT
In October 2016 Yeovil District Hospital commissioned a nine-month pilot project within the emergency department to support the wellbeing of patients with dementia admitted to the department. The project consisted of a dedicated member of the team whose role included meeting and greeting patients, providing orientation and reassurance, gathering information, providing non-clinical assistance with assessments and investigations and delivering a variety of therapeutic activities within the department. The role was specifically designed so that wider clinical issues within the department could not impact on the role but that patient wellbeing remained a departmental priority even when the department was under significant pressure. Throughout the nine months the impact of the project was evaluated through the use of reflective accounts, questionnaires and interviews, real time feedback and analysis of coded interventions. Areas explored included patient and carer satisfaction including observed and articulated distress, compliance with necessary assessments and interventions, staff education and practice and overall departmental culture and attitude. The project has demonstrated success with patient and carer feedback highlighting improvements being made in the care of patients with dementia. There is also evidence of changes in attitude and practice amongst clinical staff which now appear to be embedded into the wider culture. The project was facilitated by the proposer developing and funding it and recruiting into the post. Despite reservations prior to its introduction the project subsequently received full endorsement from the senior management team and clinicians within the department and a commitment to develop a collaborative business case to provide an on-going service.

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Doncaster, 7-9 November, 2017
Enabling a positive inpatient experience for people living with dementia in an acute hospital setting

LOUISE PAGE & EMMA DALE, SHEFFIELD TEACHING HOSPITALS FOUNDATION TRUST

This session will focus on practical ways of improving the general acute medical ward environment for older people who are at risk (such as immobility, mild cognitive impairment or a diagnosed dementia). A brief summary of the supporting literature will be reviewed and the need for, and potential benefits of, such interventions highlighted. Detail will be given of a project that has been running for the last two years on an acute geriatric ward at the Northern General Hospital in Sheffield. The project was the result of collaboration between occupational therapy, clinical psychology and nursing. It was supported by the Sheffield Teaching Hospitals Dementia Care Group. The background to the project will be outlined and the range of interventions implemented will be discussed including environmental adaptations, cognitive stimulation groups, 1:1 reminiscence sessions, arts groups and visiting musicians. The process of implementation will be discussed, including details of challenges encountered and how these were overcome, as well as the pros and cons of using voluntary facilitators for minimising the financial costs of such interventions in hospital settings. The service improvement project has been completed and the session will include an overview of this. It is hoped that this will be an interactive session, with attendees able to share their own experience of similar interventions and will include a practical discussion of how to take such projects forward in the future.

7.2 Later stage dementia - quality of life

PORTLAND
CHAIR: CLAIRE CRAIG

Perspectives on quality of life in severe dementia: a collective case approach

MARGARET BROWN, UNIVERSITY OF THE WEST OF SCOTLAND

This research study examines quality of life for the person with severe dementia living in a care home. Severe dementia is considered to be that person who is no longer able to speak more than single words and requires care with all aspects of daily life. Using multiple perspectives and a range of research methods, case reports were developed with detailed descriptions of the daily life and experience of each of the six people with severe dementia. Drawing on the knowledge of family and staff and consulting a range of written material and visual data provided a richness of additional material. These case report findings were drawn together and examined in a cross-case analysis. Five themes emerged identifying key concerns such as how needs might be discerned in the person with severe dementia, how connection and engagement could be enhanced and how relationships could be understood. The implications arising from this study shows that aspects of quality of life can be discerned, influenced and enhanced for the person with severe dementia. Indications for future studies and the need for interventional research on quality of life, connection and engagement in daily life, within a shared and nuanced framework of relationships. As a singular period in the life of the person, emphasis on quality of life should be more closely integrated into the narrative of severe dementia.

The contribution of complementary therapy within the care of nursing home residents experiencing later stage dementia: an action research study

BRYAN MITCHELL, UNIVERSITY OF THE WEST OF SCOTLAND

This study responds to the need for therapeutic interventions with demonstrable benefit for individuals with dementia at home. A pilot study with 30 people in Scotland with dementia, where 40% will be admitted to care homes when the condition advances. Variations in the standard of nursing home practice and calls to develop and deliver evidence informed advanced dementia care gave impetus to this study. In particular, an intervention was sought that had potential to positively influence the experience of care and contribute to the management of dementia related symptoms and behaviours. The aim of this mixed method action research study was to collaboratively introduce and explore the perceived benefits of complementary therapy as an intervention for nursing home residents with later stage dementia. Cycle 1 explored the views of staff and family members on the acceptability and possible uses of complementary therapy within the care of nursing home residents. Case studies were undertaken to test how selected complementary therapies could be achieved in practice and to explore concerns to residents, including impact on occupational therapy practice. The experience and practicalities of introducing complementary therapy was then reflected on with staff and family. Mindful of Cycle 1 findings, Cycle 2 collaboratively developed principles of implementation with staff that was inclusive of family. Selected complementary therapies were then implemented into practice and further tested with 10 individuals. The findings demonstrate that staff and family perceive the use of complementary therapy to be supportive of an individual’s physical, emotional and social needs. The neuropsychiatric questionnaire used during case study and implementation objectives indicated a reduction in neuropsychiatric behaviours related to dementia. An unexpected finding was that staff and family considered the use of complementary therapy to be an intervention that reduces a sense of loneliness.

The LAUGH project: compassionate design for late stage dementia

DAVID PRYERTHERCH, CARDIFF METROPOLITAN UNIVERSITY

We present research investigating new ways of supporting the wellbeing of people with late stage dementia through the development of playful objects. The LAUGH (Ludic Artifacts Using Gesture and Haptics) project is an international AHRC funded design research project that is using playful objects, gesture and haptic sensibilities can provide access to procedural and emotional memories, which are retained even into the late stages of the disease. Craft and making activities learned in earlier life, simple movements provide rhythmic patterns of hand activity that can enhance wellbeing by supporting ‘in the moment’ sensory experience, competency and reaffirmation of personhood. Playful activities provide a person with dementia freedom to explore, learn and have positive experiences even when cognitive function and memory recall is severely impaired. The psychological impact of adaptive interaction training on nursing staff

ARLENE ASTELL, UNIVERSITY OF TORONTO & UNIVERSITY OF READING/Berkshire HEALTHCARE NHS FOUNDATION TRUST

Adaptive Interaction (AI) is a nonverbal approach to communicating with individuals with dementia who can no longer speak. AI equips caregivers with non-verbal communication skills to improve interactions, by enabling them to ‘learn the language’ of individuals with dementia (Astell & Ellis, 2011). To date no previous study has explored the impact of this enhanced communication on the caregivers. This study used measures of psychological and emotional well-being plus hypothetical vignettes before and after the training to explore the impact on staff. The results showed a change in staff behaviour to more nonverbal and touch based communication and less reliance on speech and functional behaviours (such as providing food). No significant change was found in self-efficacy or psychological empowerment scales. However, analysis of the vignette responses revealed the staff had a deeper understanding of non-verbal communication and strategies for communicating with non-verbal individuals after the training. The study confirms the suitability of AI training to improve communication between care givers and individuals with dementia who cannot speak and highlights the need for measures that are sensitive to this change.

7.3 Commissioning and service planning

PORTLAND
CHAIR: PROFESSOR ALISTAIR BURNS

New approach to measuring the outcomes that matter most to people with dementia

POLLY SINCLAIR, HEALTH INNOVATION NETWORK

The dementia theme at Health Innovation Network (HIN) have developed and tested a new tool for services to use to measure whether they are meeting the outcomes that matter most to people with dementia. They have developed a questionnaire that works for both community groups, care homes, hospital wards and dementia navigator services. The tool was designed to identify the outcomes that matter most to people with dementia and their carers for one point of access to services and support to help them live well. The pilot period ran for 12 months in 2016/17. The evaluation aimed to assess whether community groups, care homes, hospital wards and dementia navigator services are meeting the outcomes described in the dementia statement. A number of people with dementia have given feedback using these tools, ensuring the result is dementia friendly and ascertaining the relevance of the questions asked. Feedback from service managers indicates that this type of information is not usually routinely gathered at the moment and they have found that commissioners are enthusiastic to include these outcomes in their service specifications and contract monitoring processes. These tools have been found to be particularly user friendly both for the person with dementia as well as members of staff, as it is very simple, easy to use and time efficient. HIN have now published a report including the final surveys/tools for capturing data on outcomes as well as some principles around how to use these most effectively.

Assessing the impact of Admiral Nursing: findings from a national study

KATE BRIGIDY and GILLIAN PARKER, UNIVERSITY OF YORK

The dementia theme at Health Innovation Network (HIN) have developed and tested a new tool for services to use to measure whether they are meeting the outcomes that matter most to people with dementia. They have developed a questionnaire that works for both community groups, care homes, hospital wards and dementia navigator services. The tool was designed to identify the outcomes that matter most to people with dementia and their carers for one point of access to services and support to help them live well. The pilot period ran for 12 months in 2016/17. The evaluation aimed to assess whether community groups, care homes, hospital wards and dementia navigator services are meeting the outcomes described in the dementia statement. A number of people with dementia have given feedback using these tools, ensuring the result is dementia friendly and ascertaining the relevance of the questions asked. Feedback from service managers indicates that this type of information is not usually routinely gathered at the moment and they have found that commissioners are enthusiastic to include these outcomes in their service specifications and contract monitoring processes. These tools have been found to be particularly user friendly both for the person with dementia as well as members of staff, as it is very simple, easy to use and time efficient. HIN have now published a report including the final surveys/tools for capturing data on outcomes as well as some principles around how to use these most effectively.

Evaluating the Doncaster Admiral Service: a new model of dementia care

HEAL THC A R EN HS FOUN DATIO N TRUST

The Doncaster Admiral Service (TAS) was established through a multi-agency health and social care partnership to improve post diagnostic services. The structure addressed the preference among people with dementia (PWD) and their carers for one point of access to services and support to help them live well. The pilot period ran for 12 months in 2016/17. The evaluation aimed to assess whether TAS improved access to relevant services and people living with dementia and their family/carers. Also, to determine effectiveness of the partnership model and holistic family approach. This pluralistic evaluation used the following to report on service outcomes and operational processes: service activity reports; focus group discussions and semi-structured interviews with partnership representatives and the service delivery team; quality of life assessments pre and post-intervention for PWD and carers; and, a self-completed family carer survey. The service has provided care and support for 38% of the eligible population. A substantial proportion of PWD and carers demonstrated improved scores on quality of life outcomes. Family carer surveys indicated high levels of satisfaction. The service has functioned successfully and addressed unmet need. A strong partnership and effective team working contributed to success. Specific challenges included capacity to deliver on TAs and across the dementia pathway. Service development and the health and social care system. Qualitative interviews were also conducted with professional stakeholders in areas with and without Admiral Nursing to improve our understanding of the service context and the way Admiral Nursing interacts with the wider service system. The findings of this study will have implications for health and social care service planning and commissioning. They will also help people affected by dementia and the professionals who work with them to make the case for the most effective services in their area.
operating across health and social care. Benefits relate to the composition and experience of the team (qualified and unqualified staff), organisational structures and purposeful collaboration across commissioning, NHS and 3rd sector organisations.

Scotland’s National Dementia Champions Programme: six years on

Anna Waugh, University of the West of Scotland

The University of the West of Scotland has delivered Scotland’s National Dementia Champions programme since 2011. The programme, funded by the Scottish Government is run in partnership with NHS Education for Scotland (NES)/Scottish Social Services Council and Alzheimers Scotland. It is understood that the care of people with dementia in general hospitals has fallen well below expectations and Scotland has made the improvement of general hospital care its priority since 2010 (Scottish Government, 2010). Until the last 5-10 years, many health and social care staff professional education lacked theoretical input about the care of people with dementia. Effective education of the workforce is essential to prepare the workforce for current and future changes in both demographics and services. There is a challenge for occupational therapists to develop and deliver programmes with proven educational impact from the range of strategies now on offer throughout the UK. The aim of Scotland’s National Dementia Champions programme is to support the development of champions as change agents in improving the experience, care, treatment and outcomes for people with dementia, their families and carers in general hospitals and at the interface between hospital and community settings.

The presentation will also outline how the research team and the wider research community encountered challenges when attempting to assess changes staff attitudes and improvements in quality of care can be attributed to an educational programme. Participants in this session will gain a deeper understanding of the learning from planning and designing multi-professional education programmes. Participants also will have the opportunity to hear about and discuss some of the key educational components of the programme which Dementia Champions report to be of the strongest impact.

7.4 Advanced Workshop PREMIER

Beyond Feelings Matter Most to Positive Intentions in dementia care

David Sheard and Peter Priedienski, Dementia Care Matters

An Advanced Group Workshop for highly experienced managers and practitioners seeking more progressed material in dementia care led by myself and Peter Priedienski Deputys CEO / Master Practitioner in dementia care. This workshop has progressed beyond the usual strategies of dementia care emphasising quality of life is achieved through centring on emotional care first. To achieve this the model has shifted dementia care training onto a belief that it is from the development of emotional intelligence that being person centred achieves culture change in care. Increasingly this emphasis on emotional intelligence is now more recently backed up by evidence from the field of neuroscience on how emotional memory in the brain works, how emotional memory is stored and the way this highly influences both people working with and people living with a dementia. DCM in this workshop will demonstrate how its Feelings Matter Most model is developing further by examining the concept from the field of Emotional Intelligence of Positive Intentions. This workshop will explore how not only do Feelings Matter Most but that this is not enough. From the learning around Positive Intentions it is possible to not only believe in feelings first but to use Positive Intentions as a force to change feelings in oneself, in teams, and in care services. Participants will leave the workshop with strategies on how to increase Positive Intentions in dementia care.

7.5 Young dementia LAZARUS

Chair: Professor Steve Iliffe

Hope through the eyes of younger people with dementia: is it important? Where does it come from? What allows it to flourish? Findings from a doctoral study

Jane Prior, The Good Care Group

Many people with dementia report that hope is important to them. Despite this, people with dementia experience low levels of hope and high levels of hopelessness. This experience is different from that of people with terminal illness who typically report high levels of hope. Facilitating hope in people with dementia has potential to improve well-being. The research was to: describe young people’s experiences of their emotional world; and explore their understanding of hope and how it operates in dementia. The study consisted of interviews and focus groups with people with dementia, their carers, and professionals. Findings: young people with dementia experience a sense of hope at different levels. Hope is described as a journey, a step and a place. Hope is a personal resource and also something that can be shared and transferred to others. The future is essential to maintain hope. Hope is an important concept and helps to engage people with dementia. It is important to explore further the potential for hope to improve and engage people with dementia.

7.6 Symposium OWNERS

Remembering yesterday, caring today – a reminiscence arts project for people with dementia and their family carers: a 20 year retrospective

Pam Schweitzer & Errollyn Bruce, European Reminiscence Network

Families living with dementia often find their friendship networks dwindling and, as a result, experience an increasing sense of social isolation. Lacking confidence to brave the outside world as behaviour becomes less predictable, people with dementia and their carers can feel alone with their worries. The project ‘Remembering Yesterday, Caring Today’ aims to create groups of 6-10 families who meet every week over a four-month period to share memories and to revisit important stages in their long lives. The sessions focus on a different theme each week and between sessions the families prepare objects, photos and stories to bring to the group. These stories and memories are then explored through arts-based activities (often non-verbal in nature) and participants find common ground, as they share their memories and deep feelings. The project has delivered a deeper understanding of the need for age-appropriate services and the importance of social connectedness and accommodation in dementia care. We shall take a sample session from our ‘Remembering Yesterday, Caring Today’ (RYCT) project for people with dementia and their family carers, so that participants in the workshop can experience working with different arts-based methods to explore and deepen memories and to share them with a group. The facilitators have great experience of working with combined groups of people with dementia, carers and volunteers in ways which enable all to participate in a failure-free environment. The RYCT project has been tried and tested over twenty years, during which time it has developed in many ways, including a new training and apprenticeship arm. People from a wide variety of professional backgrounds including the arts, oral history, dementia, psychology, education and community work have participated in this scheme and gone on to run projects of their own supporting people with dementia and carers.

7.7 Workshop NIJINSKY

Chair: Jackie Crowther

Music for life: changing attitudes towards those living with the symptoms of advanced dementia through collaborative improvisational music making

Interactive workshop led by Caroline Welsh, Music for Life, Wigmore Hall

Since its inception in 1993, Music for Life has been at the forefront of developing collaborative participatory music projects involving people living with dementia and their carers. A research project in 2011/12 into the methods, processes, values and principles of the project resulted in the publication of the book ‘While the Music Lasts’ (Smilde, Alteet, Page, 2014). Music for Life has since inspired several other music and dementia initiatives both in the UK and the Netherlands. Over a series of weekly sessions, professional musicians, residents and car staff improve together, coming to know one another through connecting creatively and meaningfully in the moment. Working in this way opens up the possibility for positive change through questioning perceptions and attitudes, and developing deeper connections between residents and car staff. In turn, the musicians involved are continually called upon to connect with their own sense of self and musical artistry. This practical workshop will focus on connecting with participants’ music sessions and participants will have access to the research team. This practical workshop will have the opportunity to take part in a Music for Life session, working alongside three experienced professional musicians, gaining an understanding of the ways in which high quality improvisatory music making can support people in feeling a sense of agency, self-expression and connection. Following a brief introduction, the practical session will commence, followed by an opportunity for questions and discussion. London chamber music venue Wigmore Hall is responsible for the management and development of Music for Life, with lead care and development partnership with Jewish Care.

16.20 CLOSE
Loving: The essence of being a butterfly in dementia care

By Sally Knocker

This book is the seventh in Dementia Care Matters’ Feelings Matter Most series which focuses on changing cultures in dementia care homes. Loving, the essence of being a butterfly offers a practical approach on how to increase connections with people living with a dementia. The book identifies what it takes to ensure the essence of living is at the heart of a care home. The metaphor of a ‘Butterfly’ is used to describe the way in which people can connect in a variety of ways throughout the day, bringing colour and being loving to ‘care’. Each essence of being a butterfly in dementia care is explained and includes a wide range of simple but effective ideas for transforming a care home.

Paperback, 112 pp, four-colour illustrations throughout

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Making a difference 3

By Lauren Yates, Martin Orrell, Phuong Leung, Aimee Spector, Bob Woods, Vasiliki Orgeta

This third cognitive stimulation therapy (CST) manual is for carers who want to make a difference to the quality of life of the people with dementia they know or who they are living or working with. It builds on the proven success and popularity of CST by offering 75 individual sessions on a great variety of topics to suit everybody’s tastes and interests. The manual comes with a DVD showing filmed examples of sessions which will show how all those taking part can get the best from their shared experience.

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