ADatHOME

IMPROVES QUALITY OF LIFE

QUALITY OF LIFE AT HOME

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1. OBJECTIVES

- MAIN OBJECTIVE

AD at HOME project is launched with the main objective of increasing the competences (attitudes, knowledge, skills) of Carers on how to improve Quality of Life of Persons with Advanced Dementia (GDS 6-7) in domiciliary environments.

1. OBJETIVES

- SPECIFIC OBJECTIVES:

- ✓ To aware the target group about the effectiveness and impact of proper care for the QoL of both PwAD and Carers
- ✓ To create and transfer guidelines and tools on how to:
  - ✓ Implement existing innovative strategies for improving QoL of PwAD (GDS 6-7) in domiciliary environments, focusing in Non-Verbal Communication and Sensorial Stimulation.
  - ✓ Adapt the main care tasks of PwAD (GDS 6-7) in domiciliary environments
  - ✓ Apply Assistive Technologies for improving QoL for PwAD (GDS 6-7) in domiciliary environments.
- ✓ Increase competences of Carers for self-care to help them face the ethical challenges of caring, reduce the burden and prevent their burn out.

2. INTELLECTUAL OUTPUTS

- I.O.1 Co-Designed Training Scheme
- I.O.2 Training Package on Non-Verbal Communication and Sensorial Stimulation for Persons with Advanced Dementia in Domiciliary Environments
- I.O.3 Training Package on Adaptation of Care Tasks to Advanced Dementia in Domiciliary Environments
- I.O.4 Training Package on Assistive Technologies for improving the Quality of Life of Persons with Advanced Dementia in domiciliary environments

3. ENTITIES

- Universitat Politècnica de València **(ES)**
- AFA Castellón **(ES)**
- Turkish Alzheimer Association TAA **(TR)**
- The Institute for Work and Technology **(GE)**
- Spomincica Alzheimer **(SI)**
- Eternis - Humanitude **(FR)**

4. PROJECT JUSTIFICATION

The project begins with the hope of being able to meet the real needs of non-formal caregivers of people with advanced dementia.

Family members find themselves without hope or tools with which they cannot even communicate with their loved one. And this is where we focus our work the most, on being able to communicate with the person with different strategies, such as through music or contact.

We want family members to still be able to benefit from a communicative exchange, taking advantage of residual capacities even in the most advanced phases.

4. PROJECT JUSTIFICATION

The most innovative part of the Project:

From the beginning, we wanted them, the non-formal caregivers, to be part of the process and help us in choosing the areas in which we were going to base ourselves to develop the training.

5. INITIAL HYPOTHESIS

We started the first meeting proposing the areas to be developed with the intention of checking if what we had in mind corresponded to the real needs of non-formal caregivers. Therefore, the hypothesis to formulate would be the following:

The areas proposed by the European project to develop the different training packages coincide with those that non-formal family members perceive as useful.

6. QUESTIONNAIRES

The questionnaires asked them:

- If they knew the area
- If they put it into practice
- If they would be interested in receiving training in this regard

Intensive Interaction: learning the language of non-verbal people

If the person cannot speak, how do you communicate with them? (Individualized gestures, image communication systems, pictures...)

YES		NO	

If yes, what tool/method/routine/aid are you using?

_____

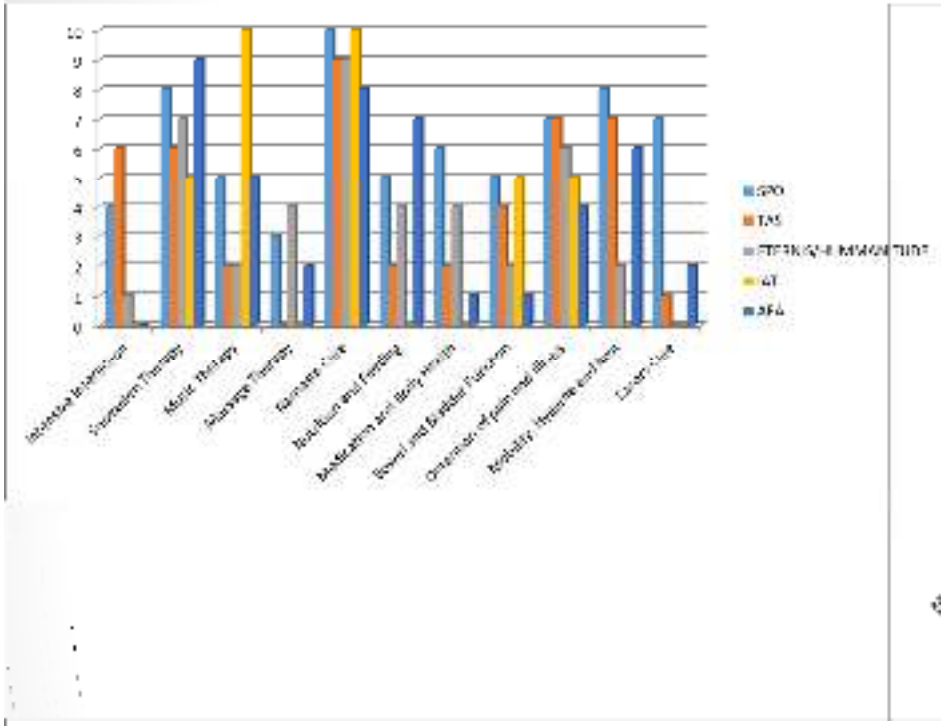
If no, why not?

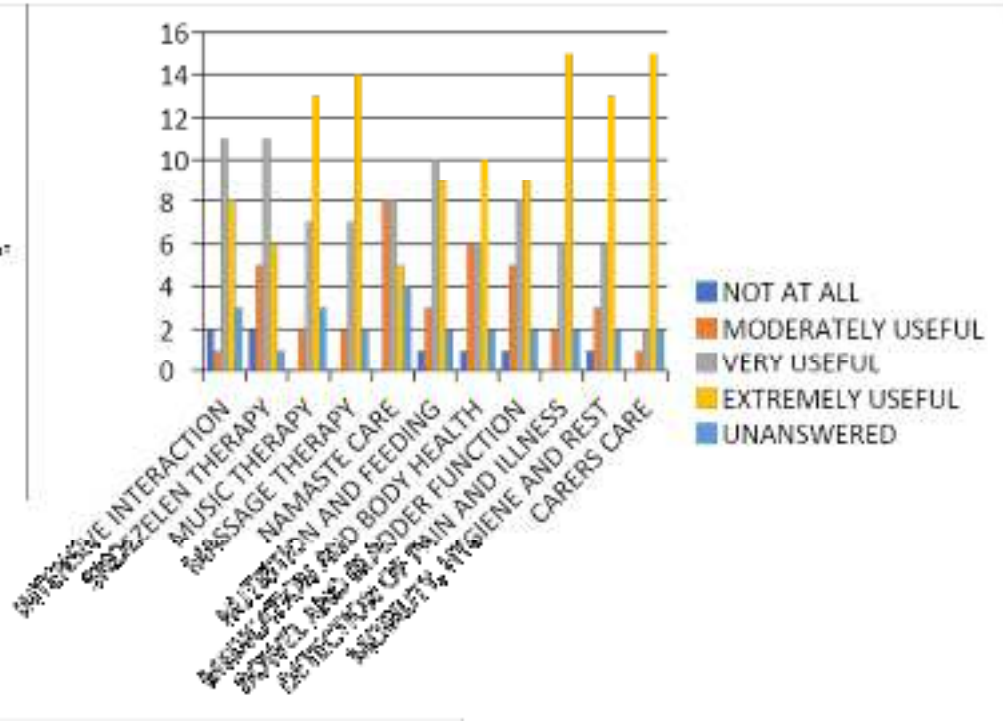
_____

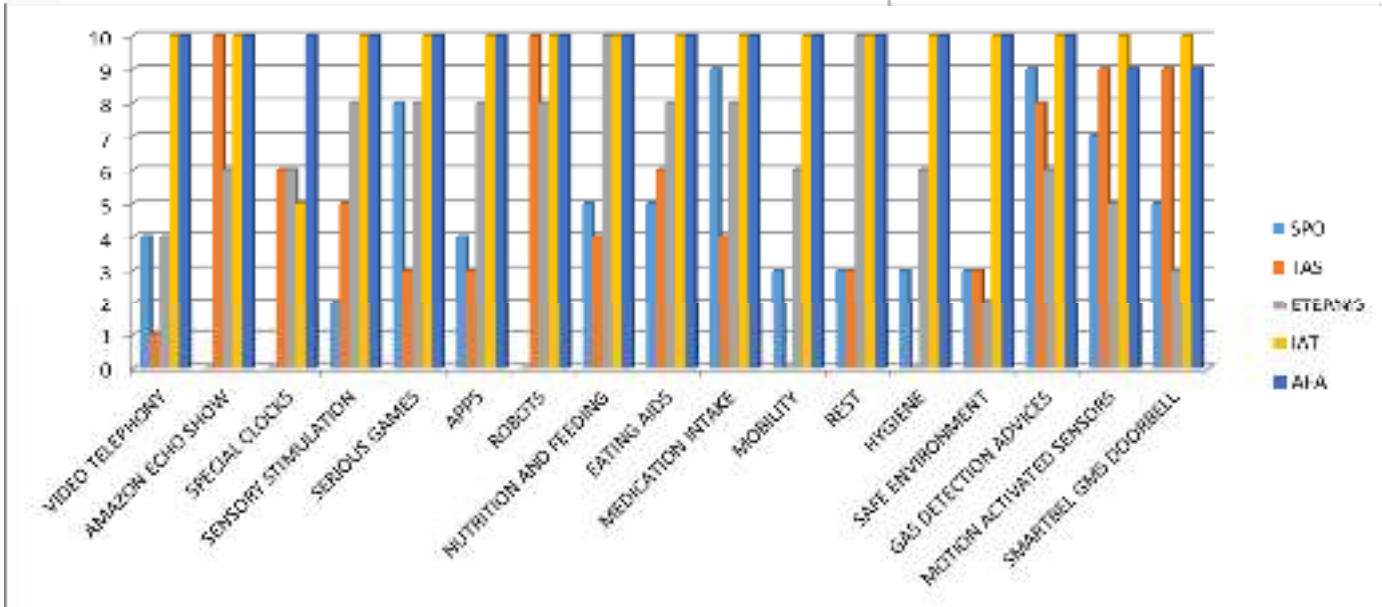
How useful are Intensive Interaction tools for you?

Not at all		Moderately useful		Very useful		Extremely useful	

6. QUESTIONNAIRES







6. QUESTIONNAIRES

CONCLUSION

We observe that the areas with fewer tools coincide with the areas that they consider less useful.

Based on the information collected, we can conclude that the themes presented coincide with the self-perceived needs of the caregivers.

The lines of work have been justified with the data from the completed questionnaires.

DIMENSIONS

DIMENSIONS PROPOSED IN EACH TRAINING PACKAGE

I.O.2 Training Package on Non-Verbal Communication and Sensorial Stimulation for Persons with Advanced Dementia in Domiciliary Environments	I.O.3 Training Package on Adaptation of Care Tasks to Advanced Dementia in Domiciliary Environments	I.O.4 Training Package on Assistive Technologies for improving the Quality of Life of Persons with Advanced Dementia in domiciliary environments
Namaste Care and massage Therapy	Mobility, hygiene and rest	
Snoezelen Therapy	Pain detection and illness	
Intenssive Interaction	Carers Care	
Music therapy	Medication and Health	
	Bladder and bowel function	

7. DISTRIBUTION OF THE DIMENSIONS

- IO2

DIMENSIONS	TRAINNIG	PARTNERS
D1-Non Verbal Communication	FACE2FACE SESSION	ETERNIS
	ONLINE SESSION	SPO
D2- Snoezelen Therapy	FACE2FACE SESSION	ETERNIS
	ONLINE SESSION	ETERNIS
D.3 Music Therapy	FACE2FACE SESSION	ETERNIS
	ONLINE SESSION	TAD
D.4 Massage Therapy and Namaste Care	FACE2FACE SESSION	TAD
	ONLINE SESSION	AFA

7. DISTRIBUTION OF THE DIMENSIONS

- IO3

DIMENSIONS	TRAINNIG	PARTNERS
D1- Nutrition, dygestion and toiletting	FACE2FACE SESSION	AFA
	ONLINE SESSION	AFA and TAD
D2- Health Control	FACE2FACE SESSION	AFA
	ONLINE SESSION	AFA and SPO
D.3- Mobility, Hygiene and Rest	FACE2FACE SESSION	ETERNIS
	ONLINE SESSION	SPO
D.4- Safe Environments	FACE2FACE SESSION	TAD
	ONLINE SESSION	SPO
D.5- Carers Self-care	FACE2FACE SESSION	TAD
	ONLINE SESSION	TAD and IAT

8. VALIDATION METHODOLOGY

JULY 2022: DEADLINE FOR THE CREATION OF THE MATERIAL.

THREE DOCUMENTS FOR EACH DIMENSION:

- PPT for the face-to-face validation session
- WORD for the Support Manual for the online session
- WORD for the methodology to be followed

JULY AND AUGUST 2022: DEADLINE FOR THE TRANSLATIONS

NOVEMBER 2022: DEADINE FOR THE PILOT VALIDAION SESSIONS

8. VALIDATION METHODOLOGY

To start the validation, each entity involved had to get 20 participants that met the following criteria:

- Informal caregivers
- Caregivers of people with advanced dementia
- Caregivers with availability to attend training

Obtaining a sample that complied with them was not easy since the time they have, outside of their role as primary caregivers for their relatives, is limited.

8. VALIDATION METHODOLOGY

- First face-to-face session: the PPT was used to present the theoretical contents. We resolved their main doubts about specific situations that happened to them in their day to day.

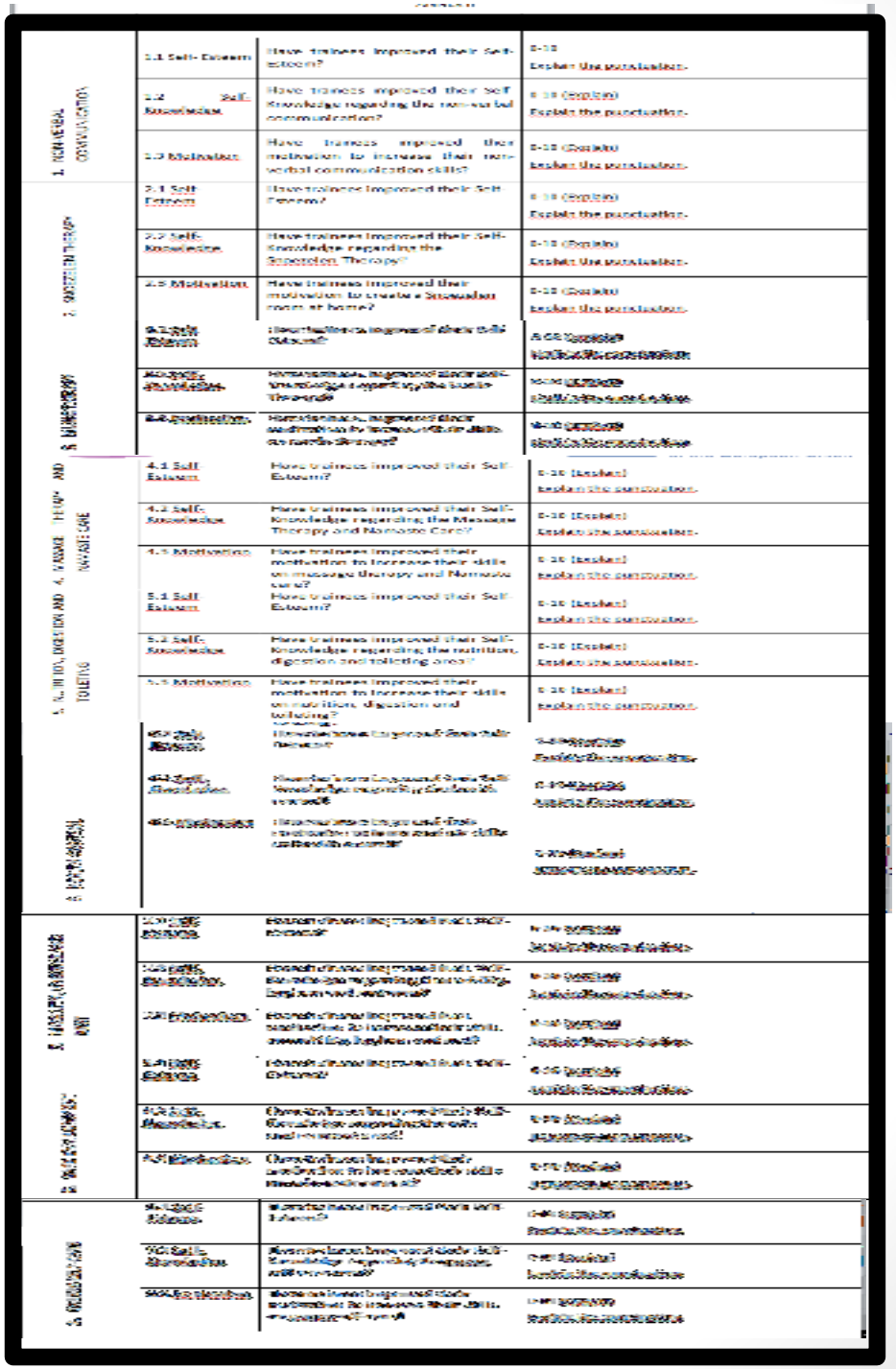
- Online session: the manuals were distributed so that they could carry out the online session from home and have the theoretical part available in case of doubt.

- Last face-to-face session: they were asked about the limitations they had experienced, as well as the benefits.

Before the end of the validation session, the survey was administered to assess the quality of the training.

Once the participants leave the room, the trainers fill out the survey to assess the involvement and degree of knowledge acquired by the participants.

8. VALIDATION METHODOLOGY



8. VALIDATION METHODOLOGY

With the results of these surveys we know that the material created has fulfilled its purpose and has improved the quality of life of people with advanced dementia and their caregivers after the validation sessions.

Always keeping in mind that these are pilot tests that only allow us to see changes in the very short term.

With our impact plan we hope to see long-term benefits in the lives of the participants involved.

8. VALIDATION METHODOLOGY

EXAMPLE OF DISTRIBUTION OF DIMENSIONS TO VALIDATE FOR EACH IO2 ENTITY

DIMENSIONS	PARTNERS
NON VERBAL COMMUNICATION	ETERNIS, SPOMINICICA
SNOEZELEN THERAPY	AFA
MUSIC THERAPY	AFA
MASSAGE THERAPY AND NAMASTE CARE	ETERNIS, ALZ. DERNIGI
NUTRITION, DIGESTION AND FEEDING	ALZ. DERNIGI, AFA
HEALTH CONTROL	ETERNIS
MOBILITY, HYGIENE AND REST	ALZ. DERNIGI
SAFE ENVIRONMENTS	SPOMINICICA
CARERS SELF-CARE	SPOMINICICA

THANK YOU SO MUCH FOR YOUR ATTENTION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