

ADatHOME

QUALITY OF LIFE AT HOME



UNIVERSITAT
POLITÈCNICA
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ADatHOME
IMPROVES QUALITY OF LIFE

ADatHOME OBJECTIVES

- ADatHOME project is launched with the main objective of increasing the competences (attitudes, knowledge, skills) of Carers on how to improve Quality of Life (QoL) of Persons with Advanced Dementia at home.



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What is co-creation?



Users, as experts of their own experience, become central

- The concept of co-creation emerges from the strategy of User Centred Design that is one of the first's methods to describe the participatory design. It has a common goal to involve as many and different people possible at the design process to get a shared consensus of the final product/service that may fit all the cases.
- As dementia has many faces and each family perceived it individually, it is necessary to bear in mind open and adaptable approaches when designing the services for people living with dementia.



3 Dimensions of co-creation

exploring
the problem and
diving into
people's
experiences

(Survey, dialogue, partners'
previous experiences)

making concrete steps in
designing the materials
and testing together with
users

(you will hear more in the
following presentations)

co-create
solutions with
users



Why is co-creation important?

- Dementia has many faces
- Individual experiences
- The involvement of users (patients, carers) is crucial to adapt and integrate the solutions in real-life situations, as they are the only ones that can test and talk about their own problems, provide "advice" (their opinion, experience, suggestions) and express their rights on how they want to use the supported solutions.



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How did we co-create the content?



**Discover the views
and needs**

**Development of
training package**



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Co-design sessions and questionnaire

- A sample of 10 non-formal and 5 formal carers from each country, 75 in total
- WHAT THEY ALREADY USE
- USABILITY SCALE
- Contents:
 - Intensive interaction and Non-verbal communication
 - Snoezelen therapy
 - Music therapy
 - Massage therapy
 - Namaste care
 - Nutrition and feeding
 - Medication and body health
 - Bowel and bladder function
 - Detection of pain and illness
 - Mobility, hygiene and rest ensuring safe environment
 - Carers self-care
 - Assistive technologies



Results

- Snoezelen Therapy, Namaste Care and Mobility, hygiene and rest are not used as strategies for home care
- Detection of pain and illness is rarely used
- Other topics are used, but they would like to learn more



Non-formal carers

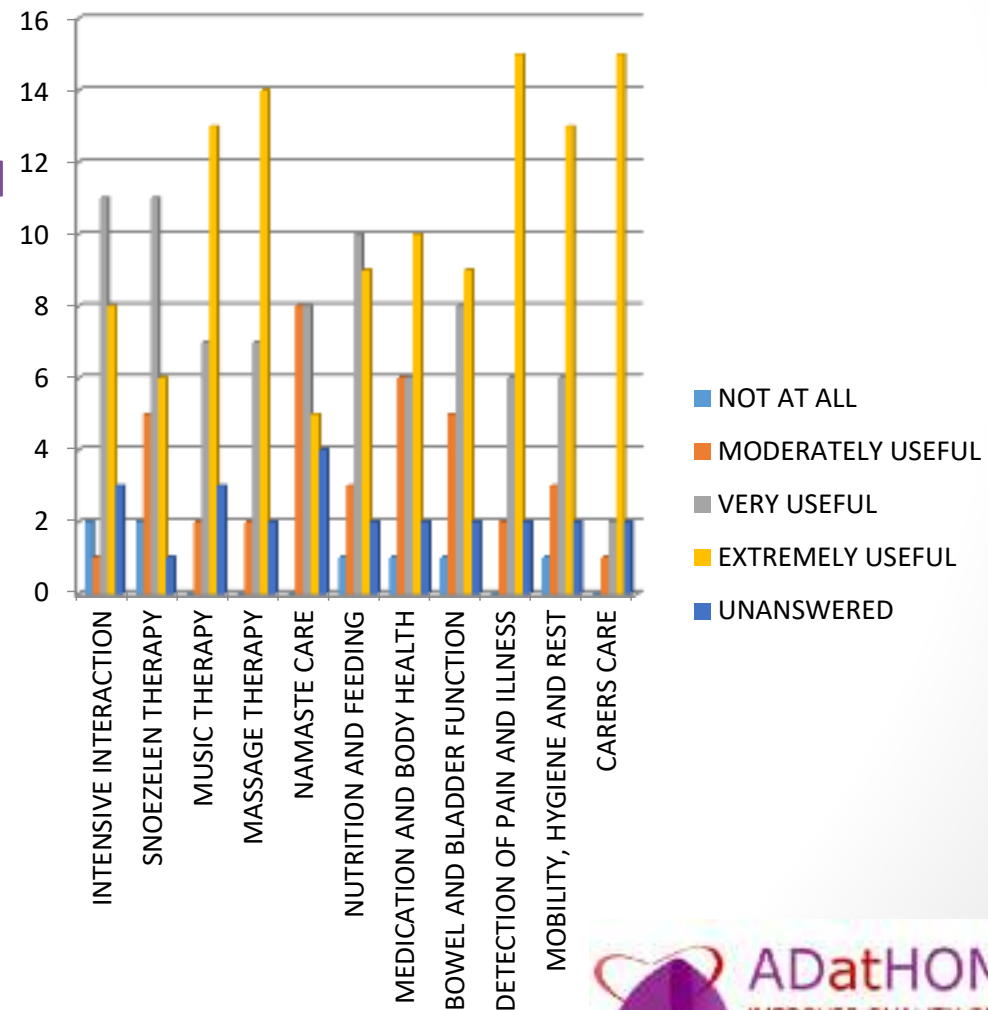
What they do think clearly **useful** to be trained is on the **carers care area**.

Usefull, but with less intensity, they also name as useful the following areas:

- intensive interaction,
- bowel and bladder function,
- detection of pain and illness and
- mobility and rest.

They find **less useful**:

- Snoezelen Therapy,
- Massage therapy and
- Namaste Care.



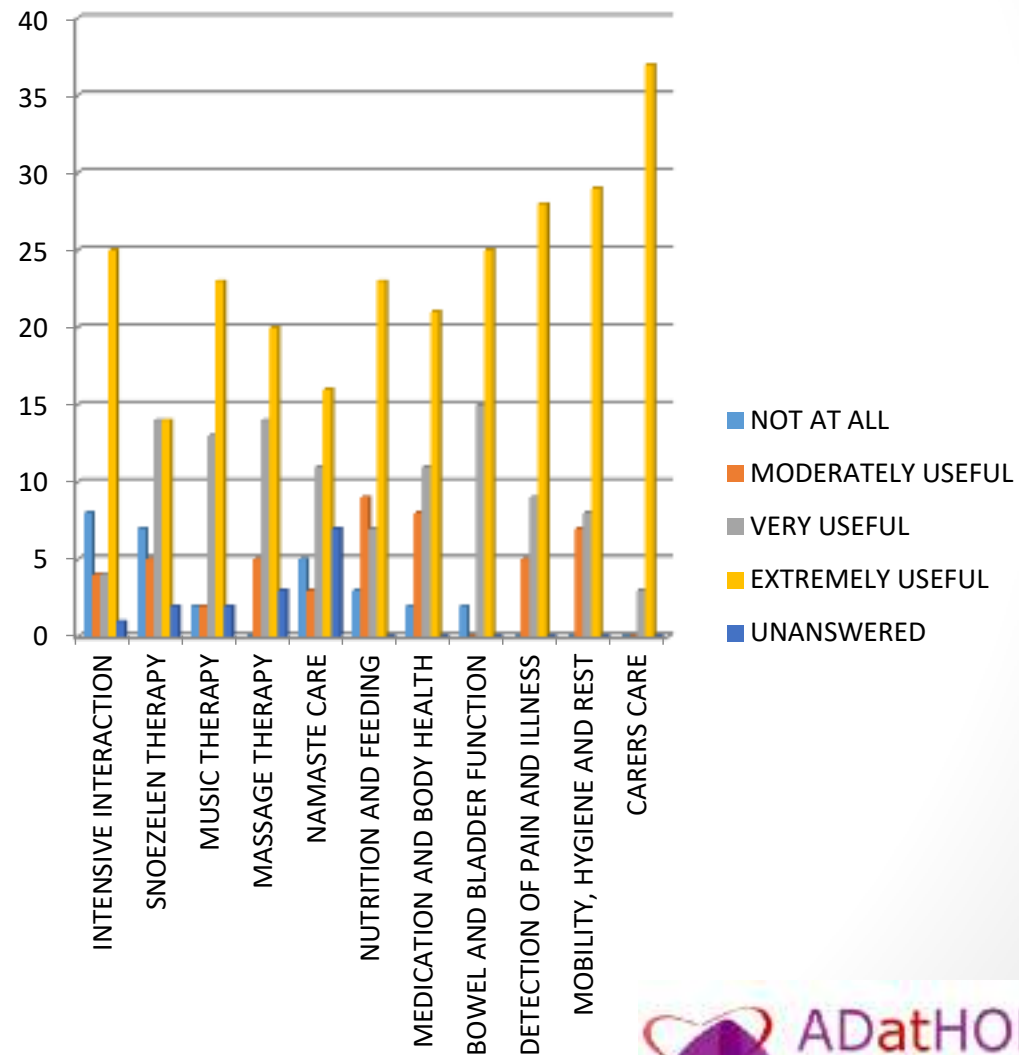
Formal carers

Highlighted the high utility perceived by professionals in

- carer care,
- mobility, hygiene and rest,
- detection of pain and illness,
- massage therapy and
- music therapy.

As non-formal carers
less useful:

- Snoezelen Therapy and
- Namaste Care,
- Massage Therapy.

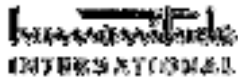


Conclusions



- We observe that the areas proposed coincide with the areas that the carers consider useful. However, some areas are not well known, some results can also be explained by the fear of leaving the comfort zone of care to which they are used to, the lack of knowledge of the multiple benefits and the limited time available to be trained.
- Based on the recolected information after the Co-Desined Session, we can conclude that the introduced topics in the begining match with self-percived needs of carers.
- In the following presentation you will learn more on the selected topics and their development.





Thank you for your attention!

QUESTIONS?

