



HSE & GENIO DEMENTIA PROGRAMME

2012 - 2018



The HSE & Genio Dementia Programme seeks to transform the range and quality of community-based supports for people with dementia in Ireland, and to change how we think about supporting people with dementia and their families. In line with government policy, these models are supporting people to remain at home, living full lives for as long as possible, and supporting families and local communities in this goal.

Supported by the Irish Government and the Atlantic Philanthropies, these new service models will inform the implementation of the Irish National Dementia Strategy.

The work described in this report is testament to the creativity, commitment and hard work of the several hundred people involved in dementia consortia around the country. Particular acknowledgment is owed to the leaders of these consortia who have supported and driven this work over a number of years. The achievements are impressive and have led to direct improvements in the lives of many hundreds of people with dementia and their families.

Impact to date

- Projects are being supported to develop community-based supports for people with dementia. These projects are based in Cork (Kinsale and Mallow), Dublin, Kilkenny, Leitrim, Louth, Mayo, Roscommon and Tipperary.
- In addition, 3 projects are being supported to develop integrated care pathways for people with dementia to improve access to and discharge from acute hospitals. These projects are based in Connolly Hospital Dublin, St. James's Hospital Dublin and Mercy Hospital Cork.
- Hundreds of people with dementia are receiving individualised services under this programme that help keep them engaged in their local communities and living in their own homes.
- These services are very different to what was previously available. People with dementia and family carers have had an input into what type of supports they need and responsive, individualised services have been put in place.
- These projects have demonstrated how the service model can change. The intention is that the learning and evidence from these projects will be widely shared so that into the future everyone with dementia and their carers will receive more personalised and cost-effective models of care.

A copy of this report can be downloaded free-of-charge from: www.genio.ie

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TABLE OF CONTENTS

04

Overview

06

How the programme works

07

Locations of projects

08

Dementia projects listed by type

10

Community based models of support
for people with dementia

15

Integrated care pathways in the acute
hospital sector for people with dementia

17

Supporting the implementation of
the National Dementia Strategy

18

Resources

Overview

The HSE & Genio Dementia Programme, with support from the Atlantic Philanthropies and the Health Service Executive (HSE), is developing and testing new service models which will improve the range and quality of community-based supports for people with dementia; inform public policy and investment in this area; and build the leadership in the field that is necessary in order to capitalise on the potential of the National Dementia Strategy. This approach is aligned with government policy, which emphasises the provision of services which support people to remain at home, living full lives for as long as possible, and supporting families and local communities in this goal. The high level aim of the programme is to develop and test a range of personalised, flexible and responsive supports and services and to demonstrate how these supports enable people with dementia to live full lives in their community for as long as possible.

The programme has developed incrementally since 2012 and has three main elements:

1. Community-based supports for people with dementia.

a. Developing community-based supports for people with dementia across a geographical area – four projects have been working over three years to develop an integrated range of services and supports that are determined by the needs and

preferences of people with dementia. These individualised supports included innovative models of respite and also the provision of assistive technology. The projects also undertook a wide range of education and training activities with the general public, volunteers, community organisations and health and social care professionals.

b. Developing individualised supports for people who are at a more advanced stage of dementia - five projects are working to design and provide supports for individuals who present with more complex needs, which will enable them to remain in their own home or similar setting through the provision of flexible, responsive supports to the person and their family.

2. Integrated care pathways (ICP) in acute hospitals for people with dementia.

This part of the programme focuses on the acute hospital sector. Three projects are developing integrated care pathways for people with dementia so that access to and discharge from an acute setting is as seamless as possible, and that their experience in an acute hospital is as good as it can be.

These community-based and ICP projects are described in more detail in the following pages. As the programme is ongoing, numbers reached will increase.

3. Supporting the implementation of the National Dementia Strategy.

This part of the programme builds on the learning from the earlier phases and is focused on two main tasks. Firstly providing technical support to the HSE to roll out Intensive Home Care Packages (IHCPs) for people with dementia. This support will focus on the development of indicators to monitor the quality and effectiveness of IHCPs.

The second area of work is focused on sharing learning from the experience around the country in implementing IHCPs and enhancing the integration of services for people with dementia.

Learning sites have been identified and are located in:

- ➔ Dublin North
- ➔ Dublin North City
- ➔ Dublin South West
- ➔ Dublin South East
- ➔ Waterford
- ➔ Cork
- ➔ Limerick
- ➔ Galway

Roll out of these learning sites will commence on a phased basis at the end of 2016 and into 2017.

CONTEXT

Dementia is one of the most prevalent chronic illnesses in the world. According to the World Health Organisation (2015):

- Worldwide, 47.5 million people have dementia and there are 7.7 million new cases every year.... projected to 75.6 million in 2030 and almost triple by 2050 to 135.5 million.
- The estimated proportion of the general population aged 60 and over with dementia at a given time is between 5 to 8 per 100 people.
- In 2010, the total global societal costs of dementia was estimated to be US \$604 billion.

In Ireland:

- 47,499 people are reported to have dementia in Ireland. This is expected to reach over 77,000 in ten years. (M. Pierce, S. Cahill & E. O'Shea, 2013).
- The cost of residential care for a third of the dementia population will increase from €731m in 2010 to over €2bn per annum in the same period (Department of Health, 2012).

How the programme works

A key feature of the whole programme is the creation of Dementia Consortia to develop and implement new service models. A Dementia Consortium is a locally based group of organisations and individuals who bring varied expertise and resources to achieve a common goal, for example to develop new community-based supports for people with dementia. Consortia include people with dementia, families and carers, health and social care organisations, other statutory organisations, voluntary and community groups, hospitals, nursing homes and many more. Further detail on Dementia Consortia can be found in this learning paper: www.genio.ie/dementia-consortia-lp

Innovation funding is awarded through a national competitive process, and all the

projects described in the programme have been awarded funding following an in-depth and competitive screening and evaluation process. www.genio.ie/innovation-funding/dementia-programme.

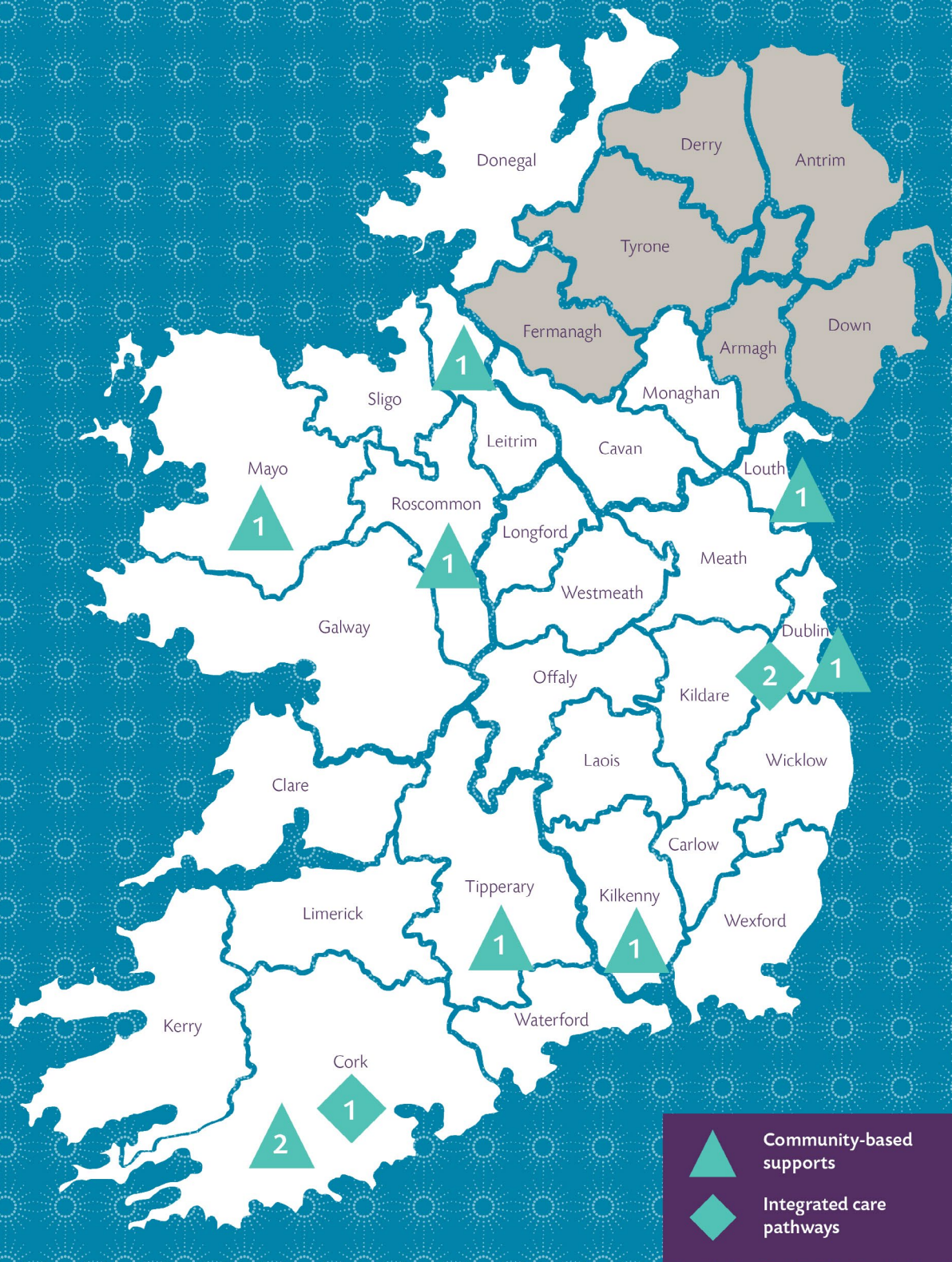
The Dementia Learning Network is a broad based and inclusive learning network working to create momentum for change by distilling and sharing knowledge of what works.

Finally, evidence on the impact of the programme is gathered in two ways; firstly through a number of on-site monitoring and support visits where both quantitative and qualitative information is gathered to identify learning and describe progress. Secondly, a number of studies have been commissioned from independent researchers to describe and evaluate different elements of the programme.



Projects supported by the HSE & Genio Dementia Programme

Since 2011 innovation funding has been awarded to 9 regional community-based & 3 integrated care pathways projects



Type	Title	Location	Amount	Summary Description
C1	Kinsale Community Response to Dementia (K-CORD)	Cork	€632,825	This 3 year project is establishing a comprehensive community-based, person-centred response to dementia, by engaging concerned professionals and local citizens in a process of collaborative learning, planning and action.
	Deirdre Cullen			deirdrem.cullen@hse.ie
C1	Living Well with Dementia (LWwD)	Dublin	€700,000	This 3 year project is developing a range of community-based supports for people with dementia which is responsive and highly integrated with the formal health and social care system.
	Eilis Hession			eilis.hession@hse.ie
C1	Community Action on Dementia in Mayo	Mayo	€699,579	This 3 year project is developing a dementia friendly community response for people with dementia to remain connected and engaged with life roles and activities of interest. An individualised support service will be delivered tailored to individual needs and will be further supported by a post diagnostic service that will inform and support families and individuals with future planning and care needs
	Pat McHale			pmchale@mayococo.ie
C1	The 5 Steps to Living Well with Dementia in South Tipperary	Tipperary	€700,000	This 3 year project is providing high quality, flexible, person-centred care in the home to people with dementia and their families in South Tipperary, helping people to stay living at home for as long as is possible.
	Caitriona Crowe / Helen Jenkins			caitriona.crowe@hse.ie / iniskea@eircom.net
C2	Memory Matters Community Component	Kilkenny	€100,000	This 2 year project will design and provide supports that are flexible and responsive to the person with dementia and their carer, particularly for those who present with more complex needs, which will enable them to remain in their own home.
	Patricia McEvoy			patricia.mcevoy@hse.ie
C2	Community Outreach Dementia Project Leitrim (CODPL)	Leitrim	€100,000	This 2 year project will support an integrated response across a community and day hospital to provide individualised supports for people at more advanced stages of dementia, and their families.
	Siobhan McEniff			siobhan.mceniff@hse.ie

Type	Title	Location	Amount	Summary Description
C2	Flourishing with Dementia (FwD)	Louth	€100,000	This 2 year project will support people with more complex dementia-related challenges to flourish in the community, developing individually tailored personal plans, realising their own potential and connecting to a more dementia-aware community.
	Catherine Smyth			catherine.smyth@hse.ie
C2	The Crystal Project	Mallow	€100,000	This 2 year project will facilitate individualised and integrated support for people affected by dementia living in Mallow and the surrounding hinterland.
	Sheena Cadoo			sheena.cadoo@hse.ie
C2	There's No Place Like Home!	Roscommon	€100,000	This 2 year project will work collaboratively across formal and community services to develop an integrated response that is individualised, flexible and responsive to the needs of people with dementia.
	Miriam McGuinness			miriam.mcguinness@hse.ie
ICP	Cork Integrated Dementia Care Across Settings (Cork-IDEAS)	Cork	€498,500	This 3 year project will provide integrated care for people with dementia who may need hospital admission, providing suitable alternatives to admission, when appropriate, while supporting families/carers to continue to care for the person at home.
	Suzanne Timmons			s.timmons@ucc.ie
ICP	Connolly Hospital Integrated Care Pathways for People with Dementia	Dublin	€500,587	This 3 year project will develop an integrated care pathway between acute hospital and community services specific to the needs of all people with dementia including those with complex disease.
	Siobhan Kennelly			siobhan.kennelly1@hse.ie
ICP	Development of an Integrated Care Pathway for People with Dementia (DemPath)	Dublin	€500,000	This 3 year project will develop a care pathway for people with dementia in order to integrate care across the Dublin South Inner City community and St. James's Hospital in a person-centred way.
	Brian Lawlor			blawlor@stjames.ie

C1 Projects developing community-based supports for people with dementia across a geographical area.

C2 Projects developing individualised supports for people with more advanced dementia.

ICP Integrated care pathways in the acute hospital sector for people with dementia.

1. Community-based models of support for people with dementia

There are nine projects working to develop and test a range of community-based supports for people with dementia and family carers.

1a. Developing community-based supports for people with dementia across a geographical area

Consortia were established in four areas; Kinsale, Mayo, South Dublin and South Tipperary, to develop and test a range of personalised services and supports for people with dementia across defined geographical areas. These first four sites in the programme also led out on developing the Dementia Consortium as a model of integrated working across a variety of formal and informal stakeholders.

The outcomes and outputs of these four projects from 2012 to date are:

- ➔ Four consortia with approximately 80 members including health service professionals from primary care, community services and acute hospital services, community and voluntary organisations, and people with dementia and carers.
- ➔ A range of activities have been undertaken to provide information about dementia and increase awareness among specific groups and the wider population. These include:

- Information talks – 6,552 people reached from a wide range of ages and backgrounds, from school children to local business owners.
- Websites developed and twitter accounts used.
- Memory technology library developed – over 400 attendees to the library and 161 attendees to an assistive technology exhibition.
- Assistive technology resource guide produced.
- ➔ A wide range of training and education was also undertaken reaching 1,698 people:
 - People with dementia and family carer education sessions – 381 attendees.
 - Intensive family training/information – 81 carers.
 - Volunteer training – 148 volunteers recruited, vetted and trained.
 - Home support workers – 184 trained.
 - Health professionals – 843 trained including 160 GPs.
 - Other training – 61 trained – variety of people in contact with people with dementia.
 - A reference guide for GPs has been developed and endorsed by the Irish College of General Practitioners Quality in Practice Committee dementia.ie/images/uploads/site-images/ICGP_QIP_Dementia.pdf

- ➔ A range of supports were developed and provided across the sites:
- 44,438 hours of individualised supports provided to 1,197 people with dementia and a similar number of carers. These supports consist mostly of day and night in-home respite and also incorporate a range of inclusive community-based activities.
 - Assistive technology packages provided to 131 families.
 - 400 assistive technology awareness sessions held.

Several evaluations are underway in these four sites. A high level evaluation of the sites was completed after the first and second year (see www.genio.ie/dementia-year1 and www.genio.ie/dementia-year2). These reports describe how “new service models are in place and the lives of people with dementia have improved in all sites as a result of this investment” and that “meaningful advancements in the delivery of person-centred care have occurred, with a broader range of flexible, responsive services now available in all four sites”. An economic evaluation of the four sites is available here: www.genio.ie/economic-analysis-dementia.

CASE STUDY

A woman with a diagnosis of early onset dementia is being supported to continue to live well in her community throughout her journey with dementia. Her spouse is working full time, and was concerned about the time that his wife was alone at home. She has been supported to engage in activities of interest that are open to all in the community but developed to be specifically welcoming to those with dementia. They include, musical memories choir and siel bleu exercise class. A volunteer has been matched with this woman in the shared interest of walking particularly in public parks.

This relationship has also provided opportunity for her to speak about living with dementia which has been very helpful for her. A support worker also provides opportunity to engage in purposeful activities both in home and outside in the community for example to reconnect with art by joining a local art group. The art group have described how they enjoy this woman’s participation and how it has contributed to their increased awareness of dementia. Members of the group provide transport for this woman when outings are organised. A carer support group has provided the woman’s spouse with a network of people living through the same experience with whom he can share his experiences. He has reported that this package of supports has been very helpful in supporting him to continue in his role of primary carer.

An evaluation of the respite supports developed in two sites has also been completed (see www.genio.ie/dementia-respite and www.genio.ie/dementia-respite-support-worker) and reported a high level of satisfaction with the respite supports on the part of both family carers and the person with dementia. An evaluation of the assistive technologies provided in the four sites is available here: www.genio.ie/at-evaluation.

1b. Developing individualised supports for people with more advanced dementia

Based on the experience of these first four sites, consortia were developed in 2013 in a further five areas, to design and provide supports for individuals who present with more complex needs related to the more advanced stage of their dementia. The focus is on enabling people to remain in their own home or similar setting through the provision of flexible, responsive supports to the person and their family. It is envisaged that individualised supports developed will also target inappropriate delays in discharges from acute hospitals and also responses that support complex cases in the community so that admission to acute settings can be reduced or avoided.

The outcomes and outputs for these projects from 2013 to date are:

- ➔ 5 multi-stakeholder consortia formed with approximately 80 members.
- ➔ 651 people have received high quality information through Information Sessions, Public Information Stands, Support Groups, MDT information and awareness.
- ➔ 49 people making use of assistive technology.
- ➔ 759 staff and family members have received training and education about dementia.
- ➔ So far, 277 people with moderate to advanced dementia are receiving personalised supports and a similar number of carers are receiving support to care for their family member. Approximately 30,530 support hours have been provided to date.
- ➔ 11 of the people who received personalised supports were supported to leave an acute setting or nursing home environment and to return home with a personalised response in place. This provides an early indicator of the potential of postponement/avoidance of long-term care and discharge from hospital to home. 77 people are continuing to receive support through the usual local home care services.

Two of these sites are part of a large scale evaluation that is underway and will have a number of outputs in 2017. This evaluation will provide more detailed information on outcomes and costs for the individuals involved.

Early learning from these five projects indicates that:

1. Family carer burden is high and benefits for family carers are evident from the co-creation of an individualised support plan that is responsive to need and delivered promptly. Working with families to provide education, mechanisms and techniques for support, empowers families to support the individual optimally within a less stressed environment.
2. The person benefits more from a one to one engagement at this stage of their dementia journey. Dementia skilled staff who are knowledgeable and informed about the person can positively support maintenance of ability and life interests and roles.
3. Collective working with existing services to ensure responsiveness and alignment to need has encouraged a transition to a flexible and responsive service. This approach supports a move towards reconfiguration as opposed to additionality of services.
4. Collaboration between individuals, family, healthcare, community and voluntary groups contributes to a supportive circle of support that optimises natural supports and augments these with service provision.
5. Processes that provide prompt access to supports are having good outcomes for families and individuals with dementia and family members. Learning to date is identifying that the responsiveness and the timing of the intervention has great impact in helping the person to continue to live at home
6. Integrated working with formal service colleagues requires specific attention. Public health nurses (PHN) are the main source of referral to projects as they are engaged with the person with dementia throughout their journey. Collaboration with, support of and active engagement with the PHN through case study collaboration is resulting in a more cohesive approach to supporting the person with dementia in the project sites.

CASE STUDY

A 90 year old woman with Alzheimers disease, blindness and insulin dependent diabetes is being supported to remain living at home with her husband who is 92 years of age and frail. Their son, who works full time on the farm, is their primary carer and experiencing a high level of stress. The initial package of supports included insulin injections, home help support each morning, a falls detector and alert system.

A review of the needs led to an adjustment of the timing of home help hours, a further provision of supports on alternate days focused on maintaining ability, life roles and interests for this woman. In addition, a block of three hours weekly was offered flexibly to the son to assist him in planning some time away to be with his own family. Bespoke training was provided to staff to assist with communication techniques for this woman in relation to dementia and blindness. In order to be responsive, supports for this woman are reviewed weekly in planned review meetings to address any changes required.



2. Integrated care pathways in the acute hospital sector for people with dementia

The innovation funding for this part of the programme was awarded in 2013. The focus is on the acute hospital sector to develop an integrated care pathway for people with dementia so that there will be capacity to avoid inappropriate admissions, accelerate supported discharges from hospital and diversion of patients from presenting to Emergency Departments through advance planning with community based health and social care supports. The integrated care pathway should ensure that when access to acute hospital care is required the access is planned and appropriate (whenever possible) and that there are clearly defined pathways into and out of acute care.

Three hospital-based consortia are developing pathways; one is a large 'Level 4' teaching hospital in an urban area and the others are 'Level 3' hospitals also in urban areas. The outcomes, outputs and ongoing activities for these projects from 2013 to date include:

- ➔ 3 multi-stakeholder consortia formed with approximately 90 members.
- ➔ Awareness raising, training and education programmes are underway at each site. A baseline audit of awareness and knowledge across all staff groups has been completed to inform individual programmes. A range of education and training programmes and opportunities are being developed and rolled out. For example:
 - To date 4,281 staff have received training in awareness, induction programmes or specific dementia sessions.
 - Approximately 28 staff have completed Dementia Champion training to date.
 - Train the trainer programmes have been completed for 9 staff to date.
 - Community based training programmes are in development for targeted groups.
- ➔ Environmental changes are planned at each site ranging from general signage, protected bays in the emergency department and modifications within wards, day services, communal walkways and sitting areas. This is underway in the three sites and include improvements such as; painting, signage and lighting to provide safe walking environments; dementia friendly design in specific ED bays, bedroom accommodation and other areas.
- ➔ Mapping existing pathways form part of the common aspects in the initial ICP development phase. Early learning from this mapping has identified significant areas of gaps and duplication in information gathering and assessments for individuals with dementia entering the acute sector. Literature reviews and

auditing of current pathways have been undertaken in St James's and Mercy and are progressing in Connolly.

- Linkages with the community and nursing home sector are being mapped to develop pathways to hospital avoidance and seamless discharge home. The opportunity of supporting persons within the hospital through volunteers, family or care staff is being explored with linkages to the SAGE programme in one hospital. Several initiatives with nursing homes have developed including 'tele-

mentoring' sessions. Patient transfers between hospital and nursing homes are being supported by personalised information in an individualised format 'This is Me' passport and 'Patient knows Best'.

These three sites are part of a large scale evaluation that is underway and will have a number of outputs in 2017. This evaluation will provide more detailed information on outcomes and costs for the individuals involved.

CASE STUDY

A 78 year old man with moderately advanced dementia was admitted through ED. He lived alone and had a history of recurrent falls and increased alcohol intake since the death of his wife. He had home help three times a day 7/7, and family support. During his recovery from surgery there were concerns about his return home and family members had different views on his ability to manage at home. Contact with his PHN and the home help supervisor indicated that he had stopped drinking alcohol for at least a month, needed supervision with all tasks of daily living and was always pleasant. They indicated willingness to continue to provide care for him on discharge. He expressed a clear wish to continue to live at home. Having asked repeatedly to be allowed go home, he absconded from the hospital and successfully navigated his way home on foot without incident. He was returned to the hospital and 24 hour 1:1 specialising commenced.

The incident was reviewed by the dementia nurse specialist with nursing staff, and with risk assessment and management of the absconding challenge, the special was removed after two days. There was detailed discharge planning which included the person and family members. His nephew was provided with information and advice about home care provision and a direct number for the DNS. He was discharged home on day 24 with the provision of overnight care organised by his nephew. He was very pleased to go home. Telephone follow-up at three weeks post discharge indicated he had settled well into home and there were no issues. Proactive management of this case, along with discharge planning and support to return home are likely to have prevented his admission to long term care in contravention of his wish to continue to live at home.

Early learning from these three projects indicates that:

- ➔ Awareness and knowledge levels of dementia across staff is low but there is a high level of interest in engaging with further training opportunities. Staff in support services are particularly engaged and present a valuable resource within the hospital setting.
- ➔ It is important to be as inclusive of all sectors of hospital staff from occupational therapists, finance, maintenance, and estate management in order to overcome the perceived barriers to implementation, to sustain the changes planned and embed the design needs within each service operation.
- ➔ The early phase of the mapping process highlights the need for the various IT and professional record systems to communicate with each other to maximise information and avoid unnecessary duplication. The benefit of comprehensive information captured on admission remaining with the person throughout their hospital stay promotes a more speedy and supportive discharge home.
- ➔ The importance of hearing first-hand the experience of individuals with dementia and their families is becoming more visible both in informing the care of an individual and also the process of care in the hospitals.

3. Supporting the implementation of the National Dementia Strategy (NDS)

This part of the programme is only underway since 2015. It builds on the learning from the earlier phases and is focused on providing technical support to the HSE in specific areas to support the implementation of the National Dementia Strategy. The focus is on supporting the roll out of Intensive Home Care Packages (IHCPs) for people with dementia. A working group has developed a set of indicators to monitor the quality and

effectiveness of IHCPs. The framework and set of indicators are still at a draft stage. They incorporate measures that are important to three stakeholders; the person with dementia, the family carer and the HSE and cover seven domains. In addition, the eight sites which will be delivering IHCPs will be supported in this process and in consortia to enhance the integration of services for people with dementia.

Resources developed to support the Dementia Programme

Information films

The work of the first four sites in the programme highlighted the need for resources directed at increasing knowledge of dementia and addressing stigma. It is also a priority action of the National Dementia Strategy to increase awareness and understanding of dementia among the population in general and to reduce the stigma that can be associated with dementia.

To address this need, Genio supported the NEIL Institute in Trinity College Dublin to develop a series of ten films which were designed to address fears about memory loss and dementia and to provide practical advice about brain health freedemliving.com.

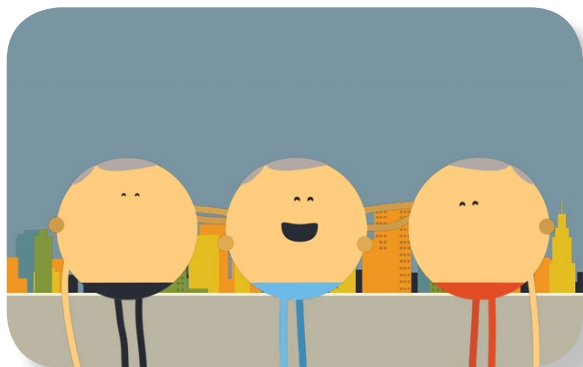
The on-line films provide easy-to-understand, practical information, grounded in science and current best evidence. The films are brief (about 2.5 mins) and use a combination of cutting-edge graphics and sharp scripts to

deliver a key message in one entertaining bite-sized chunk. As at the first quarter of 2015, the films have had 200,000 plays, in 145 countries and have been translated into Dutch and Korean, as well as Irish sign language. A report on the films can be found at www.genio.ie/freedem-films-report and a survey research to assess the efficacy of three of the films in terms of knowledge acquisition, stigma reduction, behaviour change and enjoyment can be found at www.genio.ie/freedem-films-survey.

Other films capturing aspects of the projects described here, such as Dementia Consortia and family perspectives, are available at www.genio.ie/multimedia/videos/dementia.

Guidance document on assistive technology

There are significant gaps in terms of understanding the main functions of the different types of assistive technology and how technology is implemented on the ground. We have supported the development of a guidance document by the Work Research Centre in order to address these gaps. The guide is structured around descriptions of products and services that support memory, safety, communication and entertainment/reminiscence. A range of information has been compiled into a clear and easily navigated guide with lots of practical tools for implementation and resources to access for further information. There was valuable input from people involved in the project consortia and others, who had considerable learning to share from their experience on the ground.



Briefing and Learning papers

A series of briefing and learning papers addressing key topics of relevance to the Dementia Strategy and to the implementation of individualised supports for people with dementia has been prepared:

- ➔ **Dementia Advisors**
www.genio.ie/dementia-advisors-paper
The paper explores the Dementia Advisor Role which focuses on the provision of information to people with dementia and their carers, the signposting of the dementia journey and the provision of support on that journey.
- ➔ **Dementia Diagnosis**
www.genio.ie/dementia-diagnosis-paper
The paper explores the diagnosis of dementia; what the current practice is in Ireland; a description of common standardised instruments for cognitive assessment; an overview of practices in other parts of the world and based on the evidence, some actions for consideration.
- ➔ **Person-centred care in the Community**
www.genio.ie/person-centred-care-paper
This paper results from a workshop titled Person Centred Care in the Community, facilitated by Prof. Murna Downs and attended by representatives of dementia projects supported by the HSE & Genio
- ➔ **Dementia & Risk**
www.genio.ie/dementia-risk-paper
This paper results from a Dementia and Risk workshop, facilitated by Prof. Charlotte Clarke and attended by representatives of Genio supported dementia projects.
- ➔ **Inclusion of People with Dementia in the Design of Services**
www.genio.ie/inclusion-service-design
In 2015 project representatives from the HSE & Genio Dementia Programme came together in a one day workshop titled "Inclusion of the Person with Dementia". This paper has been informed by the discussions that took place at this workshop.
- ➔ **Dementia Consortia**
www.genio.ie/dementia-consortia-lp
This paper introduces, explains and describes the concept of dementia consortia by bringing together the experience and learning of dementia consortia established in Ireland to date.



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About Genio:

Genio innovates by working with Government and private funders to develop better ways to support disadvantaged people to live full lives in their communities. So far we are working to improve the lives of people with disabilities, mental health difficulties and dementia.

Genio Limited is an Irish registered company (Reg no. 454839) governed by the Genio Board of Directors. Genio established a charitable trust in 2010 called the Genio Trust in order to receive and disperse innovation funding. The Genio Trust is a registered charity (CRA 20075606, CHY 19312) governed by the Board of the Genio Trust. All members of Genio boards and committees give their time on a voluntary basis.