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*Dementia Care at Home:  
A Guide for Family Caregivers*

## **INTRODUCTION**

There are currently more than 40,000 people in Ireland with some form of dementia. There are another 50,000 people whose lives are also affected: the family caregivers who work each day caring for loved ones who are no longer able to care for themselves.

While many outreach efforts target the sufferers of dementia, there is little available to help the caregiver who may feel isolated and overwhelmed by their responsibilities. That's why Home Instead Senior Care has published this guide specifically for caregivers of people with dementia.

In addition to explaining some of the basic facts about the different forms of dementia, this guide looks at practical ways of dealing with some of the most common issues associated with dementia. It also gives an insight into how the person with dementia feels and reacts to certain situations so the caregiver can better understand their behaviour.



## WHAT IS DEMENTIA?

The World Health Organisation (WHO) describes dementia as:

*“...a syndrome due to disease of the brain, usually of a chronic or progressive nature, of which there is impairment of multiple higher cortical functions...”*

What this definition means is that the following functions may be affected in a person with dementia:

- **Memory** – This is where a person may become forgetful of things such as names or recent events. The person’s short term memory is usually affected leading them to forget recent events.
- **Orientation** – A person with dementia may become lost even in a familiar environment.
- **Comprehension** – The person may have difficulty understanding what it is you are trying to explain to them or what you are asking of them.
- **Emotions** – Very low stress levels can occur in someone with dementia and they may therefore overreact to seemingly ordinary situations. A person with dementia may misinterpret a situation and become easily upset or agitated.
- **Judgment** – A culmination of some or all of the above can result in poor judgement regarding others or themselves. For example, a person with dementia may leave doors to an empty house unlocked.

If a loved one is experiencing difficulty with any of the above functions please contact a healthcare professional immediately.



## TYPES OF DEMENTIA

There are many types of dementia – the most common types of dementia include:

### (1) Alzheimer's disease

This is the most common form of dementia, it accounts for more than 50% of cases worldwide. It is most commonly seen in those over 65 years of age. Loss of memory of recent events can be one of the first issues with memory of past events remaining intact. We all forget things from time to time, but memory loss with dementia is persistent and not just occasional. The disease progresses at a different pace for each individual and may, in the early stages, fluctuate from day-to-day. As time goes on everyday tasks become an issue and processing information becomes difficult.

#### Real Life Case Study:

Mrs. Jones had a diagnosis of Alzheimer's disease for 2 years but her family now realise that she has had memory problems for a lot longer than this but was able to manage. Mrs. Jones is a widow and lives alone but has a lot of support from her three daughters, two of whom live nearby. However all of her daughters have young families and often find it difficult to give the care and attention they would like to give their mother. Mrs. Jones tends to do quite well in the morning time and one of her daughters makes sure she visits during this time to help her mother with breakfast and her medication. However as the day goes on Mrs. Jones can become more forgetful and will call her daughters over and over again as she forgets that she has just called them. She can also become more forgetful in the evening and does not recognise her own home.

If you have a loved one who is demonstrating symptoms similar to Mrs. Jones please contact a medical professional immediately.



### (2) Vascular dementia

This is the second most common form of dementia. It is due to problems in the circulation of the blood to the brain. It is most commonly seen following a stroke or several “mini” strokes. The risk factors for stroke (high blood pressure, smoking, high cholesterol, obesity and diabetes) may contribute to its incidence. It is common for some people to have a mixed form of dementia, for example someone may have both vascular dementia **and** Alzheimer's disease.

### **Real Life Case Study:**

Mr. Miller was given a diagnosis of Vascular dementia following a moderate stroke. Initially in hospital he was very agitated and confused but this settled somewhat over time. When he returned home to his wife they had little support as their only son lived in the UK. Some days he wouldn't seem so confused and appeared to be in good form, other times his mood could change and he would get irritable and upset about something from the past. During these times he seemed more confused than usual.

If you have a loved one who is demonstrating dementia symptoms similar to Mr. Miller please contact a medical professional immediately.

### **(3) Lewy body dementia**

This can be very mild at the onset and can vary from day-to-day. A person with lewy body dementia may experience a fluctuation in their memory and also experience hallucinations and or delusions. Some Parkinson like symptoms can accompany this form of dementia such as tremors, shuffling gait and stiffness leading to falls and difficulties judging distance.

### **Real Life Case Study:**

Mr. Kavanagh was given a diagnosis of Lewy Body Dementia following admission to hospital after he fell in his back garden at home. At the time of his fall he was trying to chase out what he believed were builders trying to build another house on his land. These were diagnosed as visual hallucinations and because of his unsteady gait and the rough terrain in his garden he fell over and cut his head quite badly. Following discharge from hospital he would only be intermittently confused but his visual hallucinations always remained quite prominent.

If you have a loved one who is experiencing visual hallucinations like Mr. Kavanagh please contact a medical professional immediately.

### **(4) Fronto – temporal dementia**

This type of dementia is caused by the degeneration of the frontal and temporal lobes of the brain. Damage to the temporal lobe affects language, emotion, judgment and behaviour. It usually begins between 40 and 65 years of age. Personality changes occur and can include impulsivity, hyperactivity and being obsessive.

### **Real Life Case Study:**

John's wife became increasingly concerned about him as his personality had seemed to change over the last year. He was more difficult and could become easily aggressive with others. She also found that he seemed sexually inappropriate with her in front of others such as patting her on her behind. His memory didn't always seem too bad but his mood was affected.

If you are in a similar situation to John's wife please contact a medical professional immediately for help and advice.

## CHALLENGING BEHAVIOUR

When a person has dementia one or more areas of the brain are damaged with the areas of damage different for each person. The person therefore cannot help their behavior due to these damaged areas of the brain.

People with dementia may therefore exhibit the following behaviours:

- restlessness
- wandering
- cursing
- depressed mood
- aggression
- disinhibition
- shadowing
- hallucinations
- agitation
- hoarding
- anxiety
- delusions

Caregivers are encouraged to view dementia as a disability that can be compensated for by positive approaches. People with dementia continue to function at an emotional level and will pick up on another person's feelings (particularly if they are stressed or upset or annoyed) via body language, tone of voice and facial expression.

It is of the utmost importance to enter the world of the person with dementia as the dementia disables them to make sense of the present and they often find comfort and refuge in their reality which is more often than not their past.

This is because people with dementia often lose their short term memories but continue to retain their long term memories or memories from their distant past. Therefore using music, objects or memories in a sense of reminiscence can help make the person with dementia feel comforted in a world they can often find confusing.

Using negative words will make the person with dementia feel like they are being dismissed and treated like a child and so can become even more resistive to any suggestions or approaches. Such negative words include:

- don't
- stop
- can't
- no
- shouldn't

It is the use of positive language that will make them feel important and valued and will help caregivers cope with challenging behaviour. The next few sections outline a number of strategies that will help family caregivers deal with challenging behaviour.

## TOP TEN TIPS FOR DEALING WITH DEMENTIA SYMPTOMS

**STOP!!** Think about what you are about to do and consider the best way to do it. **PLAN AND EXPLAIN** – Who you are; What you want to do; Why you want to do it etc.

**SMILE!!** The person who takes their cue from you will mirror your relaxed and positive body language and tone of voice.

**GO SLOW!!** You have a lot to do and you are in a hurry but the person you are caring for isn't. How would you feel if someone came into your bedroom, pulled back your blankets and started pulling you out of bed without even giving you time to wake up properly?

**GO AWAY!!** If the person is resistive or aggressive but is **NOT** causing harm to themselves or others, leave them alone. Give them time to settle down and approach them later.

**GIVE THEM SPACE!!** Any activity that involves invasion of personal space **INCREASES THE RISK OF ASSAULT AND/OR AGGRESSION**. Every time you provide care for a person you are invading their space.

**STAND ASIDE!!** Always provide care from the side not the front of the person, where you may be a target to hit, kick etc.

**DISTRACT THEM!!** Talk to the person about things they enjoyed in the past. Whilst you are providing care, allow them to hold a towel or something that will distract them.

**KEEP IT QUIET!!** Check noise level and reduce it when and where possible. Turn off the radio and TV etc.

**DON'T ARGUE!!** They are **RIGHT** and you are **WRONG!** The demented brain tells the person they can't be wrong.

**KNOW THE PERSON!!** Orientate to their surroundings as necessary. If they become upset by this reality, validate and agree with their feelings, instead of continuing to cause them any more upset.

*Adapted from the Regional Dementia Management Strategy (Australia 2001)*

## DO'S AND DON'TS OF COMMUNICATION

### DO

- Talk to the person in a tone of voice that conveys respect and dignity.
- Keep your explanations short. Use clear and flexible language.
- Maintain eye contact by positioning yourself at the person's eye level.
- Look directly at the person and ensure that you have their attention before you speak. Always begin by identifying yourself and explain what it is you propose to do.
- Use visual cues whenever possible.
- Be realistic in expectations.
- Observe and attempt to interpret the person's non verbal communication.
- Paraphrase and use a calm and reassuring tone of voice.
- Speak slowly and say individual words clearly. Use strategies to reduce the effects of hearing impairment.
- Encourage talk about things that they are familiar with.
- Use touch if appropriate.

### DON'T

- Talk to the person in 'baby talk' or as if you are talking to a child.
- Use complicated words or phrases and long sentences.
- Glare at, or "eyeball" the person you are talking to.
- Begin a task without explaining who you are or what you are about to do.
- Talk to the person without eye contact, such as while rummaging in a drawer to select clothing.
- Try and compete with a distracting environment.
- Provoke a catastrophic reaction through unrealistic expectations or by asking the person to do more than one task at a time.
- Disregard your own non verbal communication.
- Disregard talk that may seem to be "rambling".
- Shout or talk too fast.
- Interrupt unless it cannot be helped.
- Attempt to touch or invade their personal space if they are showing signs of fear or aggression.

*Pages 5 and 6 are available as a leaflet. To order a FREE leaflet, contact your local Home Instead Senior Care office or log onto [www.homeinstead.ie](http://www.homeinstead.ie).*

## GENERAL APPROACHES AND STRATEGIES IN DEMENTIA CARE

It can sometimes be very difficult to get a person with dementia to follow instructions or redirect them away from problematic behaviour. There is no simple solution and some time and effort is needed in these cases as the wrong approach **WILL** result in increased agitation or even an aggressive response from the dementia patients. If you wish to direct or redirect a person with dementia consider the following steps:

1 **Validate:** Validate the emotional state of the person with dementia. For example, you could say: *“You look worried/upset/annoyed/frightened”*. Or you could say: *“You seem to be in good form today”*.

2 **Align:** Try to align your behaviour with the person’s behaviour as much and as safe as possible. For example, you could say: *“You’re looking for someone/something? I lost something too, let’s look together”*. If the person still feels very focused on a task such as looking for someone or something, encourage them to reminisce about where it is they want to go or who they are looking for. For example, you could say: *“You’re trying to get home? What’s your home like? Tell me about your home”*. Or you could say: *“You’re looking for your mother? Tell me about her”*. This helps develop a rapport with the dementia sufferer and aides the person with dementia to reminisce. However, it is important not to remind him or her that a loved one has passed away or that they no longer live in their childhood home.

Here is an example of what NOT to say: *“You want to go home, but this is your home now, you must miss your other home”*. Or: *“Are you looking for your mother? You must miss her now that she is no longer here?”*

3 **Establish a Common Goal or Interest:** Once a common goal or interest is established, such as looking for something together, it will be much easier to distract the person from their task. For example, you could say: *“I’m getting tired now, how about you? Will we have a cuppa?”*

4 **Redirection:** Now that the person has been distracted from their original task without becoming distressed it is easier to redirect the person to another task. To do this you could say something like: *“Come to the kitchen and give me a hand making the tea”*. Or: *“Sit down on the couch and I’ll turn on the TV so we can watch a programme together”*.

### REMEMBER: VALIDATE TO EMPOWER AND REMINISCE TO DISTRACT

This technique can take a little while to master, and you may have to go over the align step a number of times to help make the person with dementia feel listened to and more in control of the situation.

## UNDERSTANDING AGGRESSION AND AGITATION

It is important for family caregivers to try and understand why a person with dementia behaves in a aggressive or agitated manner as most of the time the person is reacting to something that happened to them. For example, **invading an individual's personal space** will result in defensive or resistive behaviour. Exposing a confused person to the upsetting reality that they are unwell can also distress them or explaining that a loved one has passed away will just upset the person and make them relive the painful memory.

An **abrupt or sudden approach** to a person with dementia or unexpected physical contact may result in the person being physically alarmed. Attempting to restrict or control the wishes and choices of the person may provoke an aggressive response.

In some cases aggression may be linked to **delusions**, for instance they may be convinced that the neighbours are trying to kill them or poison them. It is therefore important to understand what might be the meaning behind the aggressive behaviour or agitation the person is exhibiting. This will help caregivers from doing anything that may trigger aggression or agitation in the person with dementia.

## WANDERING

People with dementia may wander for a number of reasons:

- **Exit seeking behaviour** - This is where the person with dementia repeatedly attempts to leave their home even though they have lived there for many years. This can happen predominantly in the evening times and is referred to as “**sundowning behaviour**”. In such a scenario the person with dementia may state that they need to get home and often mean their childhood home.
- **Self stimulation** - This type of over active behaviour where they always seem to be on the go can also intensify in the evening times and is usually the result of a lifetime pattern of active behaviour traits or boredom.

If the person who wanders about the house is NOT distressed or is NOT in any danger it is advised to let them continue to wander – trying to make them stop often results in an aggressive situation.

It is also important to keep doors securely locked at night time and ensure alarms are set every night so a person who wanders will be deterred from wandering from the house.

People with dementia also suffer a higher risk of slipping or falling so it is important the home is clutter free. The fall prevention checklist on the next page will help you take the steps to make your home a safer place to live.

## FALL PREVENTION: YOUR HOME SAFETY CHECKLIST

This checklist will help you take the steps to make your home a safer place to live:

- Are pathways and footpaths outside the home even and free from cracks?
- Are the walkways free from clutter?
- Are rugs and carpets secured with non-skid tape?
- Are there hand rails or grab bars installed beside the stairs or in the bathroom next to the toilet and bath?
- Are non skid mats placed in the bath tub?
- Is the kitchen floor free from liquid, grease or any other slippery substance?
- Have wheels been removed from all items of furniture?
- Do you use a nightlight to keep the bedroom lit at night time?
- Do you have light switches placed at each end of the stairway?
- Are steps visible?

If you checked no to any of these boxes please use the space below to record what needs to be done to make your home safer.

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## RUMMAGE BOX

People with dementia can often remember the distant past more easily than recent events. The rummage box is a means of tapping into memories from the past and helps people with dementia feel empowered and secure in familiarity. It is about reminiscence.

When a person has dementia they begin to lose their short term memory and memories. They can forget about things that have happened in the last few days, months or years. They may even have forgotten what occurred earlier in the day.

However, people with dementia can retain their long term memories and find comfort in discussing things from their past. Particularly things they enjoyed like past interests, hobbies or even their past employment. The rummage box can be used as an activity, as a distraction, and therapeutically as a reminiscence tool. The rummage box can be made of a shoe box, a biscuit tin, a drawer, press or even a room.

### How to Create and Use the Rummage Box



To direct the person's attention to the rummage box you must first get a photograph that they like and recognise as themselves. As he or she may have little short term memory this usually involves using a photograph of them when they were in their 20's, 30's or 40's.

Enlarge the photo and laminate it and tape it to the front of the box. The box should be filled with memorabilia to remind them of hobbies and activities they enjoyed when they were younger.

Some examples can be:

- Pictures or photographs of holidays or days/ nights out.
- Objects they used to enjoy such as knitting wool, old cameras and DVDs of their favourite films when they were younger.
- Old objects or tools they used to work with.

Here are some examples from family caregivers who successfully used reminiscence activities with loved ones:

*"My mum loved horses but a horse was not going to be an option. I discovered that she also loved stuffed animals that appeared life like as she was able to groom them."*

*- Jane, Waterford*

*"My dad loved to golf but was unable to use normal golf clubs as his coordination was affected. I bought him small plastic indoor golf clubs which he thoroughly enjoyed instead".*

*- Andrea, Dublin 14*

## MEANINGFUL ACTIVITIES

For an individual with dementia a meaningful activity is anything that fills time with a purpose and keeps them occupied. Being occupied and feeling included are two of the main psychological needs of people with dementia. Examples of meaningful activities include:

- Helping with drying dishes and setting a table
- Sorting laundry
- Going for a walk
- Sweeping leaves
- Reading the newspaper or looking at pictures in magazines
- Potting plants or bulbs or watering plants



Cooking in safety may be valuable and will make the person with dementia feel they are contributing to the daily tasks in the house. Setting tables, clearing up, washing and drying dishes are all familiar activities.

Music as a therapy has been well documented in dementia care. Musicality and singing seem to be preserved for longer sometimes than language skills in people with dementia. Naturally music from days past help utilise the long term memories they have and can be considered a type of reminiscence also.

The following example shows how one family caregiver created a meaningful activity for her mother:

*“I came up with the idea of making necklaces out of beads and string to keep Mum busy in the morning. Stringing the beads onto the string required concentration and she enjoyed doing it. I took the activity a step further and decided to give the necklaces to Mum’s grandchildren. When I shared my idea with her, she was excited and wanted to make more”.*

Activities should be about pleasure and success, not stretching or challenging the person. Activities should complement lifetime habits so it is important to be familiar with the likes and dislikes of the person with dementia. Things that gave the person pleasure and made them laugh before the dementia will still do so later on.

The following are some additional suggestions to help you and your loved one enjoy meaningful activities together:

- Plan each day one step at a time
- Be flexible, if something doesn’t work try something else
- Accept outside support when it is offered
- Speak slowly and refrain from asking your loved one questions
- Right now is forever, so enjoy it

Remember the best way to approach any activity is to simply think how you would like to be treated.

## CARING FOR THE CAREGIVER

As a caregiver, you must learn to nurture your own needs. Here are a few recommendations to help you cope with the demanding role of being a caregiver:

- **Look for support** – Many family caregivers withdraw from family and friends because they feel no one understands. It is very helpful and in many cases, therapeutic, for you to join a support group where you can learn from others through sharing your experiences.
- **Let go of guilt** – Let go of the “guilt trip” by realising a need to temporarily set aside caregiving responsibilities for a period of respite.
- **Nurture the body** – Be sure to get enough sleep and eat properly.
- **Take breaks** from caregiving as often as possible by asking other family members to help.
- **Establish limits** – Say no to requests that are beyond your capacity and say yes to offers of help from family and friends.

Friends, family and neighbours are often willing to help with caregiving but may feel uncomfortable around the person with dementia. They may not want to be seen as interfering and they don't know how they can help. People can help you best if you:



### *Running on Empty*

*Who cares  
for the Caregivers?*

- Give them specific tasks and tell them exactly how you are feeling and what you need.
- Be specific and positive.
- Let them know you appreciate their help and that it is making your burden slightly less.
- Sometimes these tasks may be unrelated to direct caring and can be easier for some people. Examples of these are shopping, gardening and house maintenance.
- Let people know how much their efforts have helped – they will continue to assist you if they feel appreciated.

Home Instead Senior Care also provides a FREE online assessment tool that allows you to gauge your stress level. Visit **caregiverstress.com** to

complete the online survey and receive tips and advice on dealing with caregiver stress. You can also order a FREE copy of “*Running on Empty: Who Cares For The Caregiver?*” from your local Home Instead Senior Care Office. Log onto [www.homeinstead.ie](http://www.homeinstead.ie) to download a free copy of the guide.

## LEGAL AND FINANCIAL PLANNING

Legal planning is very important for your family and your loved one with dementia. As the disease progresses, he or she will no longer be able to make sound decisions about finances or health care.

You should have legal documents in place that identify those who will make important decisions on behalf of your loved one with dementia. Ideally, these documents are in place long before you need them. If the person is prepared during the early stages of dementia, he or she may be able to participate in the process and share his or her wishes.

Legal planning can be confusing and sometimes overwhelming. Your family should seek the advice of a lawyer or financial professional as soon as possible to help you make informed decisions about estate planning and wills.

As a family caregiver and someone making important decisions, you should look at several items, such as:

- Joint Bank Accounts
- Agency Arrangements for Social Welfare Payments
- Making a Will
- Enduring Power of Attorney (EPA)
- Wards of Court
- Trusts
- Covenants
- Tax Relief

### Joint Bank Accounts

Joint bank accounts are a particularly useful means of dealing with one's financial affairs when a person is unable to take responsibility for maintaining an account on their own. Any person can open a bank account when that person has the necessary mental capacity (which may be the case when a person is diagnosed with early stage dementia). When an account is opened an account holder may authorise the bank to accept cheques if signed by another individual. If one account holder becomes mentally incapacitated, the legal authority to operate the account may be revoked and it may not be possible for the account to be used by the other joint account holder. Check this out with your bank when opening the account.

### Agency Arrangements for Social Welfare Payments

The Department of Social, Community and Family Affairs has the power to make payments to a third party acting on behalf of the recipient. The person to whom a social welfare benefit is payable may nominate another person to receive that benefit on their behalf. The person nominated (known as an agent) has no power to deal with other financial matters.

## **Making a Will**

If not already done, the person with dementia should be encouraged to make a Will as early as possible, disposing of their estate. It will be necessary for a doctor to certify that the person with dementia is still mentally capable of making and understanding such a document. If they are married, their spouse should also make a Will. A Will is a written document in which a person sets out legally binding wishes in relation to the distribution of an estate after death and any other personal wishes they may have.

## **Enduring Power of Attorney (EPA)**

An Enduring Power of Attorney (EPA) is a legal arrangement whereby one person (the donor) gives authority to another or others (called the attorney) to act on their behalf in the event of a donor becoming mentally incapable of managing their own affairs. As long as the donor is well, the EPA cannot be acted upon by the attorney.

A person can only grant an EPA if they are capable of understanding what it is and what it is intended to do. It is still possible for someone to grant an EPA after dementia has been diagnosed so long as it is clear that they are fully aware of what is involved. The GP or consultant will be required to provide a statement providing that, in their opinion, the donor had the mental capacity at the time of execution to understand the effect of creating an EPA. If this is in question, it may be necessary to have the document signed by the donor in the presence of both the solicitor and the doctor.

If the dementia has progressed to the point where the person is unable to make an EPA, application may have to be made to have the person with dementia made a Ward of Court. A Ward of Court is a person who is declared to be of unsound mind and incapable of managing his/her person or property and no EPA has been executed previously.

The principle purpose of wardship is to protect the property of the ward and manage it for the ward's benefit and the ward's dependants (if there are any). Pending this, the funds are made available by the court to pay expenses, such as home care expenses, funeral expenses and probate tax.

## **Trusts**

Trusts are another way of handling the financial affairs of another person, whether or not that person is incapable of dealing with their own affairs. A Trust exists where a person (the trustee) holds the property of another (the settlor) for the benefit of named people (the beneficiaries). The beneficiaries may be the settlor or other people. Trustees hold and manage the trust property and normally have powers to purchase assets and services for the use or benefit of the beneficiaries rather than handing over the money. There is no supervision of the conduct of the trustees as long as they carry out the terms of the trust.

## Covenants

In certain circumstances, an individual may claim relief against an assessment of income tax if that person is making payments by way of a covenant to another person. A Deed of Covenant is a legal document under which one person agrees to pay a certain sum of money each year to another person.

The advantage is that the person paying the money can effectively not pay tax on it. The money is transferred to someone who does not have a taxable income or pays a lower rate of tax than the person giving the money. In order to qualify for relief, there must be a legal obligation to covenant a sum of money for a period which is in excess of six years. The circumstances in which an older person can receive sums which are deductible from the covenantor's income are:

- if the older person is permanently incapacitated (mentally or physically)
- if that individual is over 65 years of age
- through payments which are part of a maintenance agreement between separated spouses.

## Tax Relief on Home Care Fees

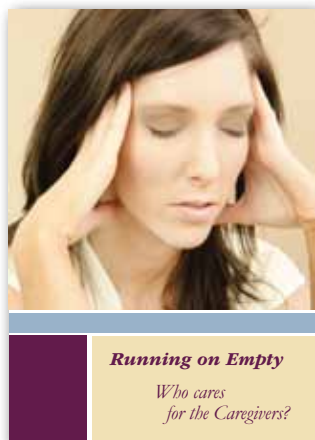
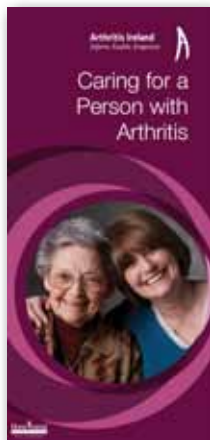
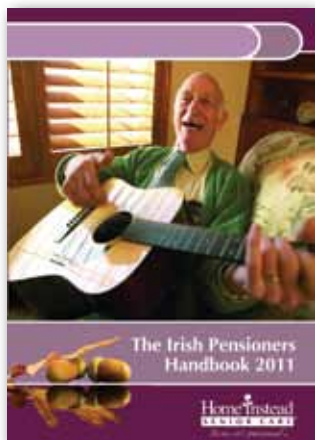
Home Instead Senior Care clients or their family can avail of income tax relief of up to 41% on payments to Home Instead Senior Care of up to €50,000 per annum. The tax credit can be adjusted so that the relief will apply on a monthly basis rather than annually, which may otherwise be the case. Home Instead Senior Care also advises families to avail of home care grants, which can be applied for through your local health centre. Please contact your local Home Instead Senior Care office to discuss in detail how you can go about claiming tax relief on home care fees.



## Helping You Understand Senior Care Issues

As Ireland's trusted source of home care for seniors, Home Instead Senior Care is committed to understanding the senior care issues you and your family face everyday. We are also committed to helping you better understand some of these issues affecting Ireland's seniors and have published a number of guides designed to provide you with trusted information about issues such as dementia and mobility.

You can also download a FREE copy of any of these guides from [www.homeinstead.ie](http://www.homeinstead.ie).



## Acknowledgements



Home Instead Senior Care would like to express its gratitude to Joanne Flood for her contribution to this booklet. Joanne is a Registered Psychiatric Nurse with 10 years experience in dementia care in Acute Care Settings, Liaison Psychiatry, Gerontological Nursing, Long Term Care Settings and more recently working in the community as a Dementia Nurse Specialist with Psychiatry of Old Age in North County Dublin. Joanne has completed a PGDip in Gerontological Nursing and MSc in Mental Health of Older People. Joanne is currently undertaking a PhD in Community Dementia Care in Dublin City University.

### About Home Instead Senior Care

Home Instead Senior Care is Ireland's trusted source of home care for seniors, allowing them to continue to be independent and live in their home for longer than otherwise possible.

Since 2005, the Home Instead Senior Care franchise network in Ireland has been devoted to providing the highest-quality senior home care. Compassionate Home Instead CAREGivers are an invaluable resource helping families eliminate worry, reduce stress and re-establish personal freedom. From Alzheimer's and dementia support to respite care and companionship, Home Instead Senior Care and its seventeen locally owned and operated offices are ready to help you through this difficult time.

Home Instead Senior Care was also the first home care organisation in Ireland to be a preferred provider for the Health Services Executive and the first to have a contract with them for the provision of enhanced home care services.

This year Home Instead Senior Care won the Irish Franchise of the Year award in the Service category. The company was also named the 2009 "Outstanding Business of the Year" and received the 2008 "National Small Business Service Award" from the Small Firms Association. It was also named Ireland's "Best Emerging Franchise" in 2006.

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