

The logo for 'enable' is displayed in a white, lowercase, sans-serif font on a dark blue background. The letters are slightly shadowed, giving it a three-dimensional appearance.

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A large, stylized version of the 'enable' logo. The word 'enable' is written in a white, lowercase, sans-serif font with a blue outline. It is set against a blue, curved, wave-like background that arches over the letters.

# **Case Stories: Cross Cultural Experiences of Assistive Devices Within Enable**

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Working in conjunction with *Housing 21*

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- **Technology at the forefront of providing practical solutions**
  - **In providing a number of opportunities**
  - **Potential for practical and ethical issues**
  - **Emphasising the importance of placing the person experiencing dementia at the very core of research and care delivery.**



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## **Factors Leading to Level of Use**

- **The person experiencing dementia (PED)**
- **The carer**
- **The health professional**
- **Consultation between PED, carer, researcher, health professional and multi disciplined team**



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## **Participant Response:**

- **Surprise: identified unexpected need**
- **Suspicion: visits to check and place in care**
- **Enthusiasm: revealed level of personal motivation and insight to situation**



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## **Successful V Other Outcomes**

### ***Case: Night and Day Calendar [Ireland]***

- **High motivation and willingness to trial device in household**
- **Insight and acknowledgement of dementia**
- **Open discussion between household about the impact upon lived day to day life**



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- **Despite eye problems provided with orientation**
  - **Reduced need for carer to prompt as to the stage of day and date**
  - **Enabling both carer and PED to achieve a greater sense of quality of life**
  - **Enhancing confidence in own abilities**



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- **Own needs taken directly into consideration**
  - **Willingness encouraged by all parties**
  - **Being heard**
  - **Leading to appropriate device choice**
  - **Leading to greater independence at home**



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## ***Cooker Monitor [Lithuania]***

- **Initial high level of motivation and interest in the device**
- **Carer support**
- **Consultation between participants and health care worker**





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- **Difficulties experienced with the monitor when used in conjunction with other electrical items in home**
  - **Discomfort and concern**
  - **Consultation and advice with all parties**



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- **Health care worker a great deal of enthusiasm**
  - **Met with person's own level of motivation and interest**
  - **Acceptable to the carer**
  - **Key factor was the consultation**



## ***CARER***

- **Carer's have their own concerns and needs**
- **To what extent are they influential in choice of device?**
- **According to housing situation**
- **According to relationship with person experiencing dementia**



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- **Most influential situation if live in the same household**
  - **Influence can be exerted to encourage or hinder choice**
  - **Often agreed in consultation with health professionals as to most appropriate device**



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- **Literature distribution**
  - **High expectations that device can prove beneficial**
  - **Difficult to suggest absolute potential success until it is used**



## Locator: NORWAY

- Married couple presented – mislaid items
- Time and frustration in searching
- Carer - Impaired hearing
- Use by PED mislaid items less frequent
- Prompting and encouragement by carer
- Use by carer influential to successful outcome



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*Case Story: Impact of Relationships  
[England]*

**Mabel was referred by her carer due to increasing disorientation and frustration. Her carer was very keen to install the night and day calendar since she felt it could resolve many aspects, in particular reduce negative relations.**



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- **Reluctant to receive the device**
  - **Angry toward carer for suggesting visit**
  - **Would try it out as researcher had visited**





## *Second Visit*

Mabel stated that she had used the device and was becoming familiar with it, and in some instances it had helped her with orientation. Her carer was spending considerable time in orientating Mabel to use the calendar and to explain why it was there



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- **The calendar had been hidden**
  - **Mabel frustrated and angry at being prompted**
  - **Reminded of memory problem**
  - **Relations remained strained**



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## **Outcome attributable to several factors:**

- Mabel unwilling to acknowledge memory loss to her daughter**
- Carer hopes to assist personal needs**
- Dilemma: Historically negative relations surrounded the relationship, carer reminding Mabel of a memory problem she was trying hard to forget.**



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## *Health Professionals*

- **Social workers, occupational therapists, psychiatric nurses – meetings and literature**
  - **Health professional favoured certain devices - fire and safety**
  - **High expectations**
  - **Influential in presenting participants**
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## Pictophone: FINLAND

- Woman living alone presented to research team – assist everyday life
- Four phones in home – mobile, programmed, keys too small
- High individual motivation
- One key stuck and replaced
- Outcome satisfaction and only picture phone used



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## *Consultation*

- **Crucial to place the person experiencing dementia at the core of research and care delivery**
  - **To ensure that they decide which device is of most use to them, in order to encourage use**
  - **Achieved with support from carer's and health professionals**
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## *Night Lamp*

- **Device suggested by health care worker and carer due to falls experienced at night**
  - **Good relationship between carer and participant**
  - **Open discussion and acknowledgement of dementia and impact of fall on levels of concern of carer**
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- **Problems experienced with device would switch on, not off**
  - **Leading to early mornings for carer and participant**
  - **Some level of burden felt by carer due to constant checking**
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**We see it as a trade off, and as a health aid would like to keep it as a tool to facilitate independence – it’s a brilliant innovation. However at times it has become a burden to me as I kept checking it would work when it would not switch off. The way I see it, if it works its invaluable, the mere fact that I can depend on the light coming on at night has made me feel a lot easier. It is very valuable to us, and Mum always Switches it off now as the light acts as a visual reminder”**

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***Deciding who, when and where?***

***Appropriate consultation with the person experiencing dementia***

***i. Stage of dementia***

***ii. Current quality of life***

***iii. What are the true needs?***

***iv. Initial responses to devices and technology***

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- i. What is the individual view of the living situation**
  - ii. Perceptions of quality of life – cultural diversity**
  - iii. What are their needs?**
  - iv. Do all needs coincide with the participant?**
  - v. What is their level of motivation? Time?**
  - vi. Do they feel supported by health and welfare systems?**
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## *Reflective Process*

- **Different devices require varying levels of skills, abilities and interaction**
  - **Appropriate user needs analysis**
  - **In consultation with people experiencing dementia and their carers**
  - **Defining different abilities and skills to match needs of person to the requirements of the products**
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**In hearing the voice of the person with dementia and their carer, a multi – disciplined team can learn from their experiences. In utilising this knowledge a task force of professionals with the person experiencing dementia and their carer are at the core of the care delivery process and can together consult, decide where, when and who receives the most appropriate technology to suit best need.**

*Thank you*

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*Special thanks to the time, effort and valued participation in the Enable research by people, their families and carers' in the South West of England. Your voice is being heard... Thanks too, to the Enable team – its been an experience!*

**Case Stories: Enable Researchers England, Kerry Jones; Ireland, Emer Begley; Finland, Kristiina Saarikalle; Lithuania Ausra Budraitiene, Jurate Macijauskiene; Norway, Torhild Holthe, NDCR research team; Enable, Partner teams.**

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